



Chesapeake Bay Program Litter Transfer Application

Sign up period: July 1, 2022 – August 12, 2022

Practices MUST be completed by June 30, 2023



Name _____

Farm Number/Name _____

Address _____

Integrator _____

Bird Type _____

Good Day Time Phone # _____

Email Address _____

Best Management Practice (BMP) applied for:

BMP	Limits	Cost-Share Rate	Amount applied for	Excess Identified In Plan	NMP Expiration Date
Litter Transfer	250 Tons \$2,500 Max Per Grower	\$10.00 per Ton	_____ Tons	Y/N _____ Tons	_____

Description, Purpose and Policy

1. Cost-Share payments are provided for removal of excess litter from the Chesapeake Bay watershed.
2. Cost-Share is provided at a flat rate of \$10.00 per ton incentive to encourage transport of excess litter out of the Chesapeake Bay watershed.
3. The PVCDA AEP committee requires certified scales weigh ticket for each load transferred out of the watershed.
4. A W-9 tax form will be required with application for District tax purposes.
5. Cost -Share is available to Integrators only.
6. Practice must be completed, and weigh tickets submitted by **June 30, 2023 4:00 PM.**
7. No duplication of federal or state cost-share shall be allowed.
8. Applicant must be a District Cooperator.

Payment rates and limits

1. Rate is set at \$10.00 per ton with max of 250 tons.
2. Max payment of \$2,500 per Integrator.
3. Program is open to all Integrators.
4. Approvals will be made on **first Wednesday of September and based on availability of funds.**
5. Higher Priority will be given to producers with excess litter identified in their NMP and first come first serve bases.
6. Recipients of litter are to sign and give physical address of where the litter is being transferred to
7. Each load transferred out of watershed is to have a weight ticket to confirm amount transferred.
8. Producers of litter are required to have a current litter analysis (1Yr).
9. Producers of litter are required to have a current NMP (3Yr).
10. **All litter must be transferred out of the Chesapeake Bay watershed**
11. The payment will be made **within 45 days** after paid invoices are received, cooperator completes a W-9 form and the AEP committee has made a site visit.

By signing this I have read, understood, and agreed to the terms and conditions stated in this document.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY:	
Date Received:	
Time Received:	
Ranking Score:	
If Approved:	
District Bd Date Approved:	
Verification #:	