

### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION CHESAPEAKE BAY OFFICE**

# AGRICULTURAL PLANNING REIMBURSEMENT PROGRAM PLAN REIMBURSEMENT REQUEST FORM

1. General Information				
Landowner/Operator:		Planner Name & C	Planner Name & Contact Information:	
		-		
Mailing Address:		Farm Address (if d	fferent from Mailing Address):	
Mailing Address.		i aiiii Addiess (ii d	nerent nom Mailing Address).	
		<del></del>		
County:				
Telephone Number:		Land Acreage:		
How did you hear about this program?				
☐ County Conservation District; ☐ Private Consultant/Planner; ☐ Newspaper/Newsletter/Print; ☐ Meeting; ☐ Social Media				
Other:				
2. Expenditures				
<b>,</b>		FUNDS REQUESTED	FUNDS GRANTED BY	
Please indicate for which plan(s)	DATE	BY LANDOWNER	COORDINATOR	
reimbursement is requested:	DEVELOPED	*see instructions below	*see instructions below	
☐ Manure Management Plan			≤50 acres:	
OR		\$0.00	<u> </u>	
☐ Nutrient Management Plan			Additional \$10 per acre >50 acres:	
☐ Ag E&S Plan		\$0.00	<u>&lt;</u> 50 acres:	
☐ Ag L&O I lall		ψ0.00	Additional \$10 per acre >50 acres:	
TOTAL		\$0.00	(Maximum \$1500 per plan, Maximum	
		*****	\$6000 per landowner/operator):	
3. Agreement The information provided on this form is	true and correct to	the best of my knowledge		
The information provided on this form is	liue and correct to	the best of my knowledge.		
Signed: Date:			Date:	
Landowner/Operator				
4. *For Coordinator Use Only*				
The information provided on this form is true and correct to the best of my knowledge. The plans submitted for reimbursement have				
been reviewed and meet administrative	completeness requ	irements.		
Signed:			Date:	
Coordinator				
Plans developed after January 1, 2017 are eligible for reimbursement. Any acreage for which plans were developed and				

previously reimbursed under this program are ineligible for reimbursement.

Please see back for instructions.

**Purpose** 

To document requests for reimbursement of planning expense(s).

Completed by: Landowner/Operator

To report the funding granted. Completed by: Coordinator

Distribution

Original and one copy.

Original is delivered to the Coordinator. Copy is retained for landowner/operator record.

## 3020-FM-CBO0003b Rev. 7/2018 Instructions pennsylvania

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# AGRICULTURAL PLANNING REIMBURSEMENT PROGRAM PLAN REIMBURSEMENT REQUEST INSTRUCTIONS

#### Section 1: General Information

DEPARTMENT OF ENVIRONMENTAL

Landowner/Operator: Print or type name of legal landowner or operator.

Mailing Address: Enter mailing address of landowner residence or office headquarters. Street, box number, city/town,

state, and five or nine-digit zip code.

Farm Address: Enter the address of the farm if the farm address is different from the mailing address or enter the FSA

tract #.

County: Indicate in which county the operation is located.

Planner Name & Company: Enter the first and last name of the planner, company name, and contact information for the

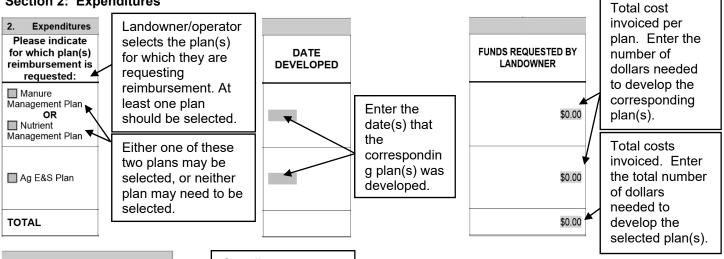
planner contracted to develop the plan(s).

Telephone Number: Enter area code and seven-digit number of landowner/operator.

Land Acreage: Enter the total acreage of the land eligible for reimbursement.

How did you hear about the program? Check the box that best describes how you heard about the Agricultural Planning Reimbursement Program. If other, please explain.

## **Section 2: Expenditures**





Coordinator reports the amount of funding allocated to the corresponding plan(s). Actual cost up to \$500, ≤50 farm acres, with an additional \$10 per acre for every acre >50 acres. Maximum \$1500 reimbursement per plan. Maximum \$6000 per landowner/operator.

### Section 3: Agreement

The Landowner/Operator signs and dates that the information is true and correct.

### Section 4: \*For Coordinator Use Only\*

The Coordinating entity will be responsible for ensuring administrative completeness of all plans submitted for reimbursement. The Coordinator will sign and date that the information on the form is correct and the plans are administratively complete.