

Full Application: Forestry in the Ohio River Basin Water Quality Trading Project

Prior to completing the full application, we suggest utilizing the **Rapid Project Pre-screen**, which can provide feedback on the likelihood of project funding. It will take 30 days to review applications.

Read the full Funding Notice prior to submitting a funding application to ensure eligibility.

DEADLINES:

- Applications will be accepted on a rolling basis beginning July 1st, 2018 until funds are expended.
- Projects must be fully installed and verified by the state agency by November 15, 2019, with a preference for projects installed by Spring 2019.

County: _____

State/SWCD Staff Lead Name: _____

State/SWCD Staff Lead e-mail: _____

Check appropriate title of Applicant (check all that apply): Owner Operator

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone number: _____

Email: _____

Does this practice involve a partnership or joint venture with others? Yes No

Is the applicant also the landowner? Yes No

If not, is there written documentation of permission to install the practice/practices binding the landowner to the cost share if the tenant no longer rents/leases the land? Yes No

KENTUCKY LANDOWNERS ONLY:

The Kentucky Agriculture Water Quality Act, KRS 223.71-100 through 224.71-140 constitutes the eligibility baseline for individual producers. The applicant has demonstrated compliance with the AWQA as follows:

- Confirm with the relevant Soil and Water Conservation District (SWCD) that there are no outstanding Notices of Violation (NOVs) citing the landowner for AWQA violations;
- A copy of the landowner’s Nutrient Management Plan (NMP) has been filed with the relevant SWCD;
- At least one soil test has been conducted within the last five-year period in accordance with the AWQA Statewide Plan specifications. This includes following guidance and procedures from the University of Kentucky regarding soil testing:

Applicants should use the Mehlich III solution to extract phosphorus (P), potassium (K), calcium (Ca), magnesium (Mg), and zinc (Zn). Soil pH should be determined in a solution of 1 M KCl and then converted to soil-water pH for soil test reports. Buffer pH should be determined with the Sikora buffer. These methods are described in Bulletin 190 of the Southern Cooperative Series, Procedures Used by the State Soil Testing Laboratories in the Southern Region of the United States. In addition, in accordance with NRCS Practice Code 590 for Kentucky, all test should be performed by laboratories successfully meeting the requirements and performance standards of the North American Proficiency Testing Program-Performance Assessment Program (NAPT-PAP).

Type of operation (check all that apply): Cropland Livestock Other _____

Describe the current operation, including:

- Crop types:
- Livestock density (heads per acre):
- Fertilizer amounts (N, P) applied:
- Timing of fertilizer application:

Location of proposed new practice(s): *include aerial photo or map that shows project location and nearest waterbody.*

Address: Same as above

Latitude: _____ Longitude: _____

Enter using uniform format (degree-minutes-seconds)

Is the applicant in compliance with the Highly Erodible Land (HEL) and Wetland Conservation provision?

Yes No

Is applicant willing and able to demonstrate 3 years of farm practice history?

Yes No

Project Description:

Describe the proposed practice(s) to be implemented. Include on-site photographs showing current conditions. Include size of project, species of trees anticipated, current land use and installation time-frame. Attach additional pages if necessary.

Project Cost:

What is the total cost of the project being proposed? Include details such as tree purchase, installation cost, materials, labor, etc. Attach additional pages if necessary.

Funding Request:

How much funding is being requested?

Total cost-share funding request: \$ _____

Percent cost-share of total project cost (should not exceed 80%): _____

Have any of the proposed practices been implemented on the same acres previously? Yes No

Are the proposed practice(s) being implemented a result of a regulatory action, as part of an existing settlement, or other legal action? Yes No

What is the status of technical assistance provided for this project to date? Check all that apply.

Initial Investigation Survey Design

Conservation plan Self-Assessment

Has the applicant previously received cost-share for this same project on the same acres?

Yes No

If yes, please explain: _____

Potential Ancillary Benefits or Priority Concerns addressed (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Carbon Sequestration | <input type="checkbox"/> Fertilizer Use Reduction |
| <input type="checkbox"/> Water Quantity | <input type="checkbox"/> Rare Species |
| <input type="checkbox"/> Habitat Enhancement | <input type="checkbox"/> Pollinators |
| <input type="checkbox"/> Excessive Run-off | <input type="checkbox"/> Water retention |
| <input type="checkbox"/> Soil Health | <input type="checkbox"/> Agricultural Viability |
| <input type="checkbox"/> Erosion control | <input type="checkbox"/> Animal health |
| <input type="checkbox"/> Sediment Reduction | <input type="checkbox"/> Other (please list) |

Is the applicant willing to participate in a media event or field day highlighting his/her involvement in agricultural publications? Yes No

Is the applicant aware that his/her Application and associated documents may be subject to public disclosure by way of a Freedom of Information Act request? Yes No

Describe conservation practices already being implemented by the Applicant in their operations:

SIGNATURES

I certify that I am willing and able to demonstrate my farm practices for the last 3 years (e.g., through records, photographs, or other documentary materials) for the farm specified in the funding application and that I will provide a complete demonstration, upon request, to my local SWCD, State department, and/or the Electric Power Research Institute. I certify that the proposed project will comply with all local, state, and federal regulations; that the proposed practices are not otherwise required to meet a local, state or federal obligations; and that all statements contained herein are true and accurate.

Applicant Signature: _____

Print Name: _____

Date: _____

SWCD/State Staff

To the best of my professional knowledge, this project meets eligibility requirements as described in this funding notice and the applicant will not apply the requested cost-share towards achieving compliance with local, state and federal regulations.

SWCD/State Staff Signature: _____

Print Name: _____

Date: _____