

**Ohio River Basin Water Quality Trading Pilot Project Application: INDIANA
Applications Deadline 5pm ET, August 15, 2018**

County (SWCD): _____

SWCD Staff Lead: _____

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

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

Brief description of farm operation: _____

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

Address: Same as above

Latitude: _____ Longitude: _____

List Practice(s) the applicant is proposing (attach additional sheets if necessary)

| Practice(s) | Size (acres or linear feet) | Total Estimated Cost of Practice | OPTIONAL*: Estimated Annual Nitrogen Load Reduction (in lbs) TN | OPTIONAL*: Estimated Annual Phosphorus Load Reduction (in lbs) TP |
|--------------|-----------------------------|----------------------------------|---|---|
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

*Estimating the TN and TP reductions is OPTIONAL. However, the competitiveness of the funding request will strongly depend on the cost-effectiveness of the project from a TN and TP load reduction perspective. See Overview section for more information. SWCDs that would like help calculating load reductions can contact Brian Brandt, bbrandt@farmland.org.

Project Cost:

Total Project Cost: _____

Total EPRI Funding Requested (cannot exceed \$15,000): _____

(EPRI Funding Requested / Total Project Cost) x 100 (cannot exceed 75%): _____

Describe the proposed practice(s) to be implemented (attach additional pages if necessary):
(Include on-site photographs from farm showing current conditions.)

Maps, Photos, and Details.

Please provide a map with detailed information regarding the proposed project, as follows:

Map with drawn field boundaries (fences)

ID primary field use & note secondary (i.e. hay/ fall pasture)

Mark surface water on map

 Mark gullies, critical areas, sink holes etc. on map

 Mark existing livestock water sources and note if livestock are excluded from streams

Livestock type & Number _____

Average Weight _____

Current Grazing System (continuous; rotated weekly, monthly, etc) _____

Winter feeding description _____

Crop type rotation schedule and crops rotated with _____

Tillage type & Equipment (What order and how many passes of each piece) _____

Do you apply commercial fertilizers and/or animal waste on this farm? (If Yes what fields and how much in each field (e.g.: 8 loads in field4) _____

Identify from the list below any additional conservation practices you have implemented and identify them on the map:

___ Wetlands _____

___ Ponds/Water and Sediment Control Basins _____

___ Grass/Forest Buffer _____

___ Grass Waterway _____

___ Contour Buffer _____

___ Terrace System _____

___ Do you have any fields that contain tile drainage (please indicate which fields contain tile drainage on map). Indicate average depth of tile in fields _____

Provide pictures of fields were practices will be installed.

Baseline Eligibility

Have any of the proposed practices above been implemented on the farm since August 1, 2015?

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

Is applicant willing and able to demonstrate 3 years of farm practice history if the project is chosen (from August 1, 2015 forward)?

Yes No

What is the status of technical assistance provided for this project to date?

(Please check all that apply)

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Initial Investigation | <input type="checkbox"/> Survey | <input type="checkbox"/> Design |
| <input type="checkbox"/> Conservation plan | <input type="checkbox"/> Self-Assessment | |

Has the applicant previously received cost-share for this practice? Yes No

If yes, please explain: _____

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

- Carbon Sequestration
- Water Quantity
- Habitat Enhancement
- Excessive Run-off
- Soil Health and Erosion
- Fertilizer Use Reduction
- Rare Species
- Agricultural Viability
- Pollinators

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

Briefly describe any prior conservation practices implemented by the Applicant:

Signatures and Certifications

I certify that this project meets all eligibility requirements as described in the Funding Notice; that the project will comply with all local, state, and federal regulations; that the proposed practices are not otherwise required to meet a regulatory obligation; and that all statements contained herein are true and accurate. Further, I hereby certify that I have available complete and accurate farm history records from August 1, 2015 forward and that I will make these records available upon request to my local SWCD, my state agriculture department, and/or the Electric Power Research Institute.

Applicant Signature: _____

Print Name: _____

Date: _____

I hereby certify that I have examined the farm history records, photos, and or satellite images to confirm eligibility and that the BMPs proposed in this funding application meet eligibility requirements as specified in the RFP. I further certify that the project and the producer, as proposed in the application, is in compliance with local, state and federal regulations.

SWCD staff signature _____

Print Name _____

Date _____