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| **NCDA&CS DSWC****NORTH CAROLINA AGRICULTURE COST SHARE PROGRAMS APPLICATION FOR ASSISTANCE** | **NC-CSP-1****(10/2022)** |
| **Name:** |  | **Applicant** | [ ] [ ] [ ] [ ] [ ]  |
| **Business:** |  | **Land Owner** |
| **Business EIN:** |  | **Third Party** |
| **Address:** |  | **District** |
| **Supervisor** |
| **Phone:** |  | **Commissioner** |
| **Email:** |  |  |
|  |  |  |
| **Name:** |  | **Applicant** | [ ] [ ] [ ] [ ] [ ]  |
| **Business:** |  | **Land Owner** |
| **Business EIN:** |  | **Third Party** |
| **Address:** |  | **District** |
| **Supervisor** |
| **Phone:** |  | **Commissioner** |
| **Email:** |  |  |

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| **County** | **Application Number** | **Program** | **Contract Type** | **Contract Ref. #** | **Project** | **Priority Watershed** |
|  |  | Choose an item. | Choose an item. |  | Choose an item. | Choose an item. |

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| **Program Information** |  |
| Operation / Property Type | Choose an item. |
| Animal Type: Choose an item. | Quantity:  |
| Directions to proposed site from the office (list major interstates, intersections, and road crossings). |  |
| Is this applicant eligible for ninety (90) percent cost share assistance? | [ ]  Yes [ ]  No |
| If the answer is “yes”, please identify the criteria that applies. For Limited Resource Farmers and New Farmers, form NC-ACSP-1E must be signed.[ ] Limited Resource Farmer [ ] New Farmer [ ] Enhanced Voluntary Agriculture District (EVAD) |

 **Applicant has provided a copy of one of the following documents to verify program eligibility:** YES [ ]  NO [ ]

To be eligible for cost share funds under this program, each applicant must establish that the applicant meets the definition of a bona fide farm as described by G.S. 153A-340(b)(2).

1. A farm sales tax exemption certificate issued by the Department of Revenue.
2. A copy of the property tax listing showing that the property is eligible for participation in the present-use value program pursuant to G.S. 105- 277.3.
3. A copy of the farm owner's or operator's Schedule F from the owner's or operator's most recent federal income tax return.
4. A forest management plan.
5. 5) If the applicant cannot provide any of the items above but has a conservation plan that meets the statutory purposes of the program(s), the board may request an exemption from the Soil and Water Conservation Commission. Which meeting do board member(s) plan to attend to request an exception by providing an alternate form of documentation to demonstrate that the applicant is engaged in farming?
January [ ]  March [ ]  May [ ]  July [ ]  September [ ]  November [ ]

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| **NCDA&CS NC- CSP-1****DSWC (10/2022)** **NORTH CAROLINA AGRICULTURE COST SHARE PROGRAMS APPLICATION FOR ASSISTANCE** |
| **Please answer the following questions for ACSP only.** |  |
| Describe the water quality problem. |  |
| Describe the proposed treatment and which BMP is needed to address the quality problem. |  |
| Describe how the proposed project and/or BMP will improve water quality. |  |
| Has the operation existed for more than three (3) years? | [ ]  Yes [ ]  No Date Established: Click or tap here to enter text. |
| Has the operation expanded in the last three (3) years? | [ ]  Yes [ ]  No |
| If the answer is “yes”, please describe the expansion (i.e., land purchase, increase # of animals). |  |

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| **NCDA&CS NC-CSP-1 DSWC (10/2022)****NORTH CAROLINA AGRICULTURE COST SHARE PROGRAMS APPLICATION FOR ASSISTANCE** |
| **Please answer the following questions for AgWRAP only.** |  |
| Explain how the operation's production is limited by the amount of water it currently can access: |  |
| Describe how the proposed project and / or BMP will increase water resources: |  |
| What water conservation measures (steps taken to improve efficiency) are on the operation currently? |  |
| Has the operation existed for more than one (1) year? | [ ]  Yes [ ]  No Date Established: Click or tap here to enter text. |
| Is the proposed BMP part of an expansion, conversion, or modification of the operation?? | [ ]  Yes [ ]  No |
| If the answer is “yes”, please describe the expansion (i.e., land purchase, increase # of animals, change in production type or crops grown). |  |
| Does applicant have an adjusted gross income in each of the previous two years that is $250,000 or more? | [ ]  Yes [ ]  No |
| If the answer is 'yes', is seventy-five percent (75%) or more of this adjusted gross income is derived directly from farming, ranching or forestry operations? | [ ]  Yes [ ]  No |
| Will this BMP decrease your dependence on a public water system? | [ ]  Yes [ ]  No |
| Will this BMP decrease your dependence on aquifers in the Central Coastal Plain Capacity Use Area? | [ ]  Yes [ ]  No |
| Applicant has provided a copy of a document or documents to verify program eligibility? | [ ]  Yes [ ]  No |
| What percent of this operation's water use demand is reliably provided by existing water sources? | % |
| **NCDA&CS NC-CSP-1 DSWC (10/2022)** **NORTH CAROLINA AGRICULTURE COST SHARE PROGRAMS APPLICATION FOR ASSISTANCE** |
| **Please answer the following questions for CCAP only.** |  |
| What is / are the water quality problems? |  |
| What is the proposed treatment? |  |
| How will the proposed BMP(s) improve water quality? |  |
| For single-family dwelling, was the certificate of occupancy issued three (3) or more years ago? | [ ]  Yes [ ]  No Date Occupied: Click or tap here to enter text. |
| Has the property been developed for three (3) or more years and released from its sediment & erosion control plan? | [ ]  Yes [ ]  No |

The Cooperators hereby apply for cost sharing assistance under the North Carolina Agriculture Cost Share Programs. This application does not guarantee cost share approval or obligate the Cooperators to enter into a cost share contract. For the purposes of developing and implementing my NCACSP application, The Cooperators authorize the release of records that are in custody of USDA. I acknowledge that producer, landowner and farm information provided on this NCACSP application and accompanying documents, including information and documents received from the USDA, are subject to the North Carolina Public Records Law and may be disclosed to third parties.

Applicant Signature:

Date:

Applicant (Print Name):

Date:

District Representative Signature:

Date:

District Representative Signature (Print Name):

Date: