

Resource Enhancement and Protection Program



APPLICATION

Fiscal Year 2012-13

(July 1, 2012 – June 30, 2013)

State Conservation Commission
2301 North Cameron Street
Harrisburg, PA 17110

Phone: (717) 787-8821
Fax: (717) 705-3778
www.pda.state.pa.us/REAP



REAP APPLICATION INSTRUCTIONS 2012-13

Remove the cover page and instruction sheet before submitting the application. Submit the Application pages only.

Submission Information

The SCC will have two separate application periods for the FY 2012-13 program.

- **The first application period** (beginning August 1, 2012) will accept applications for COMPLETED projects only. The SCC will reserve 75% of the total REAP allocation for this funding round.
- **The second application period** (beginning August 29, 2012) will accept applications for both proposed and completed projects. If there are additional credits that were not awarded from the first application period, those credits will be added to the second application periods allocation. If the amount of completed applications received in the first funding round, exceeds the 75% allocation, those applications will be reviewed as part of the second funding round.

Please see the program guidelines for additional information on application submission.

Complete the following Application and all supporting documents and applicable attachments, provide appropriate signatures, and submit one hard copy original to the State Conservation Commission at the following address:

State Conservation Commission
REAP Tax Credit Program
2301 North Cameron Street
Harrisburg, PA 17110-9408

Application must be typed or neatly printed. Faxed applications will not be accepted.

Refer to the Program Guidelines before completing your application. Parts of this Application may require the assistance of your local Conservation District, Natural Resource and Conservation Service (NRCS) office, or a qualified private sector technical service provider or certified specialist. Some sections require a signature of one of these parties for verification. See Attachment 6 of the Guidelines for a list of organizations who are qualified under the REAP tax credit program to provide verification signatures.

Please note, both Section 2A and Section 2B, must be verified by a qualified individual, even if there are is no livestock present on the operation.

If additional space is required to answer any part of this Application, the applicant may provide an attachment.

All applicants must complete each section of the application. If a particular question is not applicable, use "N/A" as the response. Applications which do not have responses to each question will be considered incomplete and returned to the applicant.

For projects which are complete at the time of application, provide the appropriate project completion information or certification, with signatures, and paid receipts which clearly reflect the total cost paid by the applicant.

A USGS 7.5 minute quadrangle map showing the location of the Agricultural Operation must be attached to the application. See Attachment 8 of the Guidelines for map requirements.

Remember to provide all required signatures.

REMINDERS!!

Before you submit the REAP Application, make sure you have....

- √ Provided Taxpayer type and only one Social Security Number or EIN number for the applicant. The tax credit will be awarded to only one account at the Department of Revenue. **Please note that the tax credit will be awarded to the Social Security Number or EIN number that you submit.** Please contact your tax preparer/accountant to determine which number is most appropriate.
 - √ If a farmer applicant files a Schedule F and is not a part owner with any other taxpayer, the application for the REAP credit should be filed under the SSN of the farmer and not the EIN of the farm. The farm's EIN must be included on the application for the purpose of the compliance check done by the Department of Revenue prior to the release of tax credits.
- √ Provided Information on control of the property. (Do **not** attach the deed or lease).
- √ Identified the preparer if the application was prepared by someone other than the applicant.
- √ Answered all eligibility questions.
- √ Verified the application with an appropriate signature of a qualified person.
- √ Completed the "proposed Project Cost/Funding Summary Table.
- √ Provided an adequate map of the agricultural operation, as per the instructions in Attachment 8 of the Guidelines
- √ Signed and dated the application.

For Equipment Purchases, have you attached the following?

- √ Appropriate equipment certification forms of the Application (page 11 or 12), with the name and signature of an equipment dealer, and the applicant.
- √ A price quote, order, bill of sale, sales agreement or invoice.

If you are submitting an application for a project or projects which are complete, did you include the following?

- √ For BMPs --Paid receipts and the required completion certification information and forms.
- √ For Equipment – Paid receipt(s) showing the delivery date and serial number of the equipment.
- √ For Plans– Paid receipt for the cost of a plan.



REAP ID Number 12-

For Commission use only

SECTION 1 - Applicant Information

Applicant Information

APPLICANT NAME:

MAILING ADDRESS: Total REAP Request Amount:

PHONE NUMBER (during business hours): FAX NUMBER:

EMAIL ADDRESS:

If a farmer applicant files a Schedule F and is not a part owner with any other taxpayer, the application for the REAP credit should be filed under the SSN of the farmer and not the EIN of the farm. The farm's EIN must also be included on the application for the purpose of the compliance check done by the Department of Revenue prior to the release of tax credits.

Type of Taxpayer - CHECK ONE and list either the SSN or EIN number of the account you want the tax credit awarded to.
Individual SSN _ _ - _ - _ - _ - _ Bank EIN _ _ - _ - _ - _ - _
S Corporation EIN _ _ - _ - _ - _ - _ Mutual Thrift EIN _ _ - _ - _ - _ - _
LLC EIN _ _ - _ - _ - _ - _ Insurance Company EIN _ _ - _ - _ - _ - _
Partnership EIN _ _ - _ - _ - _ - _ Title Insurance/Trust Company EIN _ _ - _ - _ - _ - _
Corporation EIN _ _ - _ - _ - _ - _ Sole Proprietor SSN _ _ - _ - _ - _ - _ or EIN _ _ - _ - _ - _ - _

If the applicant is other than an individual, please print principal contact person and title:

Has this applicant received a REAP tax credit in a previous program year? Yes No
Program Year 2007-08 Amount? _____ 2008-09 Amount? _____ 2009-10 Amount? _____
2010-11 Amount? _____ 2011-12 Amount? _____

Location of Agricultural Operation

ADDRESS:

COUNTY: TOWNSHIP:

Is the applicant:
The owner of the property on which the project will be completed, or
The manager/operator of the property on which the project will be completed, or
A sponsor of the project?

Property Owner Information (if different than the applicant)

NAME:

ADDRESS:

TELEPHONE NUMBER (during business hours):

Control of the property under this application is through:
Deed or other evidence of land ownership
Written lease agreement Years of control are _____ through _____
Other agreement or legal conveyance (list) _____ Years of control are _____ through _____
Do NOT attach a copy of the deed or written lease agreement

For projects where the applicant is a sponsor, a signed written agreement between the sponsor (applicant) and the owner of the property on which the project is located must be completed, attesting that the property owner will comply with all the requirements associated with the award of the REAP tax credit, including the obligation to maintain the sponsored BMP(s). Both the sponsor's and the property owner's signature must appear in the appropriate sections of this application.

SECTION 2 - REAP Eligibility

A. Conservation and Agricultural E&S (Ag E&S) Plans

Refer to Attachment 3 of the REAP Program Guidelines to complete this Section.

1. Do you have a current Conservation Plan addressing all the relevant resource concerns, consistent with the list contained in Attachment 3 of the REAP Program Guidelines?	
Yes	If you answered Yes, proceed to Question A.3
No	If you answered No, proceed to Question A.2
2. Do you have a current Ag E&S Plan that addresses erosion and sedimentation from all plowing and tilling and meets the requirements of DEP regulations Chapter 102.4(a)? These requirements are:	
<ul style="list-style-type: none">· Cropland must be treated to eliminate ephemeral or classic gullies· Cropland must be treated to tolerable soil loss (T) over the crop rotation· Cropland with less than 25% cover within 100 feet of rivers and streams must be treated with additional BMPs· Earthen Animal Heavy Use Areas (AHUAs) must be treated to minimize accelerated erosion and sedimentation	
· If you do no plowing or tilling, a Prescribed Grazing (528) Plan (where appropriate) or Mushroom Management Plan (where appropriate) meets the requirements of bullets 1-3 above.	
Yes	If you answered Yes to Question A.2, proceed to Question A.3
No	If you answered No to Question A.2 proceed to Question A.4
3. If you answered Yes to Question A.1 or A.2 above, is your plan fully implemented?	
Yes	
No	If you answered No to Question A.3, list BMPs yet to be completed and an implementation schedule below:
List BMPs yet to be completed from Question A.3:	
4. If you answered No to Question A.1 and/or A.2 above, does this application include planning costs to obtain a Conservation or Ag E&S plan?	
Yes	
No	

Do NOT attach a copy of the plan

B. Nutrient Management Plan and Animal Concentration Areas

Refer to Attachment 9 of the REAP Program Guidelines, "Nutrient Management Policy for REAP Participants," when completing this Section.

1. Do you have any livestock, poultry or equine on your operation or do you utilize or handle manure?	
Yes - Continue with this section	No - Proceed to page 4
2. Is your operation a Concentrated Animal Operation (CAO) or Concentrated Animal Feeding Operation (CAFO)	
Yes	If Yes, do you have a current Act 38 Nutrient Management Plan? Yes No
No	
3. If your operation is not a CAO or CAFO, do you have a voluntary Act 38 Nutrient Management Plan, NRCS 590, REAP Manure Management Summary, or Manure Management Plan under the Pa Manure Management Manual?	
Yes	
No	

4. If you answered 'yes' to question B.2 or B.3, is the nutrient or other manure management plan fully implemented?

Yes

No

If you answered No, to question B.4, list BMPs yet to be implemented and an implementation schedule:

5. Does this application cover REAP Eligible BMPs necessary to implement the nutrient or other manure management plan?

Yes

No

6. Does this application include the installation of alternative manure utilization and/or other manure related BMPs? (see attachment 9 of the REAP Guidelines)

Yes

No

7. If you answered 'yes' to question 6, and you do not have a Nutrient Management Plan or other manure management plan on your operation, do you agree to develop a REAP Manure Management Summary or some other manure/nutrient management plan prior to completing the alternative manure utilization or manure related BMPs? (this plan is eligible for REAP tax credits if included in your REAP application for installation of the practice)

Yes

No

8. Does your operation have any Animal Concentration Areas (ACAs)? Yes No

Definition of Animal Concentration Areas (ACAs)

Livestock confinement areas other than indoor facilities and true pastures:

*Barnyards, feedlots, loafing areas, exercise lots and similar animal confinement areas that will not maintain a growing crop

*Heavily stocked livestock areas where nutrients are applied by animals in excess of crop removal requirements

*Animal congregation areas within pastures that meet the above requirements, such as: supplemental feeding, shade and watering areas

9. Does your operation have any untreated ACAs? Yes No

Determination of Untreated ACAs

Determine whether there is a negative impact to surface water and groundwater.

Evaluate surface water and groundwater impact:

*Does untreated, unfiltered runoff from the area enter surface water?

*Does runoff from the area present a significant negative impact to groundwater?

*Is the area within 50 feet of an active well or spring or sinkhole?

10. Does this application cover planning costs or costs to install REAP Eligible BMPs to address the ACAs?

Yes

No

Do NOT attach a copy of the Nutrient Management or other plans.

VERIFICATION PAGE

See Attachment 6 of the Guidelines for information on individuals who are qualified to provide this verification

Please note, both Section 2.A and Section 2.B, must be verified by a qualified individual, even if there is no livestock present on the operation.

A. Conservation and Agricultural E & S Plans

I affirm that I have reviewed the responses made by the applicant in Section 2A, (relating to conservation and agricultural E&S plans) and after due diligence and inquiry I hereby affirm the foregoing to be true and correct to the best of my knowledge, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

NAME OF PERSON VERIFYING THIS APPLICATION: (printed)

TITLE:

NAME OF ORGANIZATION OR BUSINESS:

PHONE NUMBER:

VERIFICATION SIGNATURE:

B. Nutrient Management Plan and Animal Concentration Areas

I affirm that I have reviewed the responses made by the applicant in Section 2B, (relating to nutrient management and animal concentration areas) and after due diligence and inquiry I hereby affirm the foregoing to be true and correct to the best of my knowledge, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

NAME OF PERSON VERIFYING THIS APPLICATION: (printed)

TITLE:

NAME OF ORGANIZATION OR BUSINESS:

PHONE NUMBER:

VERIFICATION SIGNATURE:

SECTION 3 - Project Information

See Attachment 2 of the Guidelines for a list of REAP eligible BMPs

This application is for a project(s) which include(s): (check all that apply)

- Planning (*Conservation Plan, Ag E & S Plan, Nutrient Management Plan, REAP Manure Management Best Management Practices (BMPs)*)
- Purchase of Equipment

Project Cost/Public Funding Table

Each eligible Best Management Practice, including the purchase of equipment, will receive a separate REAP Tax Credit upon completion of the practice.

Complete the Summary table on pages 6 to 9, indicating each component of the proposed REAP eligible project. The costs to be listed are reasonable estimates or contracted costs for implementation of the project(s). Indicate whether the cost is estimated or the actual cost. Actual costs for BMP projects should be supported by attaching paid bills or invoices. Indicate whether the project is complete or proposed, and the date or proposed date of completion.

If you are including eligible costs for one year of interest on funds borrowed for any component of the project, include the portion of interest on each individual BMP listed on the summary table. Attach documentation from a bank or other lending institution showing the amount borrowed and the amount of interest for the first year.

Indicate public sources of funding for each BMP. These sources may include but are not limited to: Environmental Quality Incentive Program (EQIP); Conservation Reserve Enhancement Program (CREP); Chesapeake Bay Program; Growing Greener Environmental Stewardship & Watershed Protection Act; Nutrient Management Grant (Act 38 of 2005); or others (list).

For projects contained in this application which are proposed and incomplete:

- ✦ If your application includes the purchase of No-Till Equipment, see Attachment 4 of the REAP guidelines for requirements and complete the REAP No-Till Equipment Purchase Certification on page 11 of this application.
- ✦ If your application includes the purchase of Low-Disturbance Manure Incorporation Equipment, see Attachment 5 of the REAP guidelines for requirements and complete the "REAP Low-Disturbance Manure Incorporation Equipment Purchase Certification" on page 12 of this application.

For projects contained in this application which are complete at the time of application:

- ✦ If equipment purchases are complete, provide the completion information on pages 11-12 of this application, along with a paid receipt which shows the **equipment serial number and a delivery date**.
- ✦ If your BMP project(s) is/are complete, submit the properly signed "Project Completion Certification" on page 14 of this application, the REAP Project completion summary on pages 13 of this application and paid receipts which indicate the amount actually paid for each BMP.
- ✦ If your planning project is complete, submit a paid receipt from the planner, indicating that the plan is complete and paid for, and the date of completion.

REAP Project Cost/Public Funding Summary Table

Eligible Best Management Practice	Total Cost	Public Funds	Source (NRCS, Growing Greener, etc.)	Total Cost Minus Public Funds	50% or 75%	REAP Request	Practice Used in ACA Treatment? (circle one)		Complete or Proposed	Date/ Proposed date of Completion
							Yes	No		
Additional Expenses for BMPs Previously Credited		N/A	N/A	N/A						
EQUIPMENT BMPs										
Composting Equipment					50%					
Manure Incineration					50%					
Manure Incorporation Equip./ Low-disturbance					50%					
Manure Separation					50%					
No-Till Planting Equipment (planter)					50%					
No-Till Planting Equipment (drill)					50%					
PLANNING BMPs										
Agriculture E& S Plan					75%					
Conservation Plan					75%					
Comprehensive Nutrient Management Plan -102					75%					
Manure Management Plan - DEP Chapter 91					75%					
Nutrient Management Plan - (NRCS 590 or ACT 38)					75%					
REAP Manure Management Summary					75%					
ALL OTHER BMPs										
Access Road - 560										
Animal Mortality Facility - 316										
Animal Trails and Walkways - 575							Yes	No		
Brush Management - 314										

REAP Project Cost/Public Funding Summary Table

Eligible Best Management Practice	Total Cost	Public Funds	Source (NRCS, Growing Greener, etc.)	Total Cost Minus Public Funds	50% or 75%	REAP Request	Practice Used in ACA Treatment? (circle one)		Complete or Proposed	Date/ Proposed date of Completion
Channel Stabilization -584										
Channel Vegetation -322										
Closure of Waste Impoundments -360										
Composting Facility -317										
Constructed Wetland -656										
Contour Farming - 330										
Cover Crop -340					50%					
Critical Area Planting -342							Yes	No		
Diversion - 362							Yes	No		
Fence -382							Yes	No		
Filter Strip -393							Yes	No		
Grade Stabilization Structure – 410										
Grassed Waterway -412							Yes	No		
Heavy Use Area Protection - 561							Yes	No		
Lined Waterway or Outlet – 468							Yes	No		
Manure Transfer -634							Yes	No		
Mulching -484							Yes	No		
Obstruction Removal – 500										

REAP Project Cost/Public Funding Summary Table

Eligible Best Management Practice	Total Cost	Public Funds	Source (NRCS, Growing Greener, etc.)	Total Cost Minus Public Funds	50% or 75%	REAP Request	Practice Used in ACA Treatment? (circle one)		Complete or Proposed	Date/ Proposed date of Completion
							Yes	No		
Pasture and Hay Planting - 512							Yes	No		
Pipeline -516							Yes	No		
Pond -378					50%					
Pond Sealing or Lining – 521					50%					
Prescribed Grazing -528							Yes	No		
Pumping Plant for Waste Water Control - 533							Yes	No		
Riparian Forest Buffer – 391							Yes	No		
Riparian Herbaceous Cover-390							Yes	No		
Roof Runoff Structure -558							Yes	No		
Sediment Basin -350										
Silage Leachate Management										
Sinkhole and Sinkhole Area Treatment -527										
Solid/Liquid Waste Separation Facility – 632										
Spring Development - 574										
Stream Crossing – 578										
Streambank and Shoreline Protection – 580										
Stripcropping -585										
Structure for Water Control – 587							Yes	No		

REAP Project Cost/Public Funding Summary Table

Eligible Best Management Practice	Total Cost	Public Funds	Source (NRCS, Growing Greener, etc.)	Total Cost Minus Public Funds	50% or 75%	REAP Request	Practice Used in ACA Treatment? (circle one)		Complete or Proposed	Date/ Proposed date of Completion
							Yes	No		
Subsurface Drain -606							Yes	No		
Terrace – 600										
Tree/Shrub Establishment – 612							Yes	No		
Underground Outlet - 620							Yes	No		
Vegetated Buffer							Yes	No		
Vegetated Treatment Area – 635							Yes	No		
Waste Facility Cover – 367										
Waste Storage Facility -313					50%					
Waste Treatment -629							Yes	No		
Waste Treatment Lagoon – 359							Yes	No		
Water and Sediment Control Basin – 638										
Water Well – 642										
Watering Facility – 614										
Well Decommissioning – 351										
Windbreak/Shelterbelt Establishment - 380										

SECTION 4 - Signature Page

Applicant Signature

I affirm the foregoing to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

I affirm that I am authorized to legally bind the company, corporation, partnership or other legal entity whose name appears as the applicant, sponsor or property owner.

I acknowledge that any tax credit received under the REAP program must be returned for a violation of any provision of the Act or if the practice is not maintained for the life span of the practice, as defined in the REAP program guidelines. If the BMP is not maintained for the required period, the owner of the property upon which the project exists shall return to the Department of Revenue the full amount of the tax credit originally granted.

I hereby give permission for the State Conservation Commission, its staff and/or its agents to review my Conservation Plan, Ag E&S plan and/or my Nutrient or Manure Management Plan, and all relevant records pertaining to these plans, as required as part of the application review process.

I understand that all projects are subject to inspection and that if a BMP is not maintained and managed for the required lifespan I will be required to return the full amount of the tax credit originally granted for the BMP. I understand that if I provide prior written notification to the Commission that I am unable to maintain the BMP due to the sale of the property, cessation of an agricultural operation or other factors, the Commission may direct the Department to prorate the amount of tax credit that shall be returned.

I agree to permit the State Conservation Commission, its staff and/or its agents to conduct site visits of the project location and to monitor the project for the lifespan of the project.

For projects which are complete, I have attached the required project completion information.

I understand and acknowledge that approved REAP applications are a "public record" under the Pennsylvania Right-To-Know Law (65 P.S. §§ 66.1 *et seq.*, as amended).

Print Name(s) of Applicant

Printed Title or Affiliation to a Business (if applicable):

Applicant Signature

Date

For Projects Involving a Sponsor

I hereby affirm that there is a signed written agreement certifying that the property owner will comply with all of the requirements associated with the award of the REAP tax credit. I make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities

Print Name(s) of Property Owner

Property Owner(s) Signature Date

Property Owner(s) Signature Date

Applicant Signature Date

Applicant Signature Date

If this application is prepared by someone other than the applicant, please provide the following:

NAME/ADDRESS/COMPANY OF THE APPLICATION PREPARER:

PHONE:

May the Commission staff contact the preparer regarding your application? Yes No



REAP No-Till Equipment Purchase Certification

To be completed for each piece of No-Till Equipment Purchased - Make additional copies as necessary

Dealer Certification

I certify that the no-till planting equipment described below is sold under the following conditions:

1. The equipment is capable of placing seeds at the optimum depth for germination and growth in untilled soil with plant residue cover.
2. The purchase agreement includes field setup by a qualified representative of the dealership.
3. For used equipment, all wear items meet or exceed manufacturer's guidelines for replacement parts.

Note: Used equipment sold privately must also be certified by a dealer representative or other persons approved by the Commission.

Dealer Representative Printed Name	for	Company Name
Dealer Representative Signature		Phone Number

Equipment Information

Equipment Make, Model and Year:	
Drill	Planter
Equipment Serial Number:	Check if serial number is not yet available
The equipment being purchased is: New Used	Purchase Price: \$
Order Date:	Expected Delivery (completion) Date:
<input type="checkbox"/> Check here if equipment has already been delivered. Date of Delivery: _____ <input type="checkbox"/> Paid receipt/invoice is attached.	

Applicant Certification

I certify that the no-till equipment described above will be:

1. Utilized in untilled soil consistent with the provisions of a current conservation plan.
2. Maintained for the designated lifespan of the equipment, which is 7 years for new equipment and 3 years for used equipment.
3. Will be utilized on an agricultural operation that is identified in this application.

I agree to allow inspections by an agent of the State Conservation Commission to ensure that my operation is utilizing this equipment for no till crop production. I affirm the foregoing to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Applicant Name		Applicant Signature	date
Property Owner's Name		Property Owner's Signature (if different than the applicant)	date

For reporting purposes, provide the following:

Number of NEW no-till acres on which this equipment will be used annually:	_____	acres
Number of EXISTING no-till acres on which this equipment will be used annually:	_____	acres



REAP Low Disturbance Manure Incorporation Equipment Purchase Certification

*To be completed for each piece of Low-Disturbance Manure Incorporation Equipment Purchased
Make additional copies as necessary*

Dealer Certification

I certify that the low-disturbance manure incorporation equipment described below is sold under the following conditions:

1. The equipment is capable of leaving at least 50% of pre-operation residue or cover in place following manure incorporation.
2. The purchase agreement includes field setup by a qualified representative of the dealership.
3. For used equipment, all wear items meet or exceed manufacturer's guidelines for replacement parts.

Note: Used equipment sold privately must also be certified by a dealer representative or other persons approved by the Commission.

Dealer Representative Printed Name _____ for _____ Company Name

Dealer Representative Signature _____ Phone Number _____

Equipment Information

Equipment Make, Model and Year:	
Equipment Serial Number:	
The equipment being purchased is: New Used	Purchase Price: \$
Order Date:	Expected Delivery (completion) Date:
<input type="checkbox"/> Check here if equipment has already been delivered. Date of Delivery: _____ <input type="checkbox"/> Paid receipt/invoice is attached.	

Applicant Certification

I certify that the Low Disturbance Manure Incorporation Equipment described above will be:

1. The required minimum 50% pre-operation residue or cover will be maintained consistent with the provisions of a current conservation plan.
2. Adjustable equipment will be adjusted to meet the 50% pre-operation residue or cover condition regardless of the number of equipment passes.
2. Maintained for the designated lifespan of the equipment, which is 7 years for new equipment and 3 years for used equipment.
3. Will be utilized on an agricultural operation that is identified in this application.

I agree to allow inspections by an agent of the State Conservation Commission to ensure that my operation is utilizing this equipment for low disturbance manure incorporation. I affirm the foregoing to be true and correct, and make these statements subject to the penalties of 18 P.A.C.S.A §4904, relating to unsworn falsification to authorities.

Applicant Name _____ Applicant Signature _____ date _____

Property Owner's Name _____ Property Owner's Signature _____ date _____
(if different than the applicant)

REAP Project Completion Summary

Applicant Name:							
REAP ID #:							
	Best Management Practice Completed	Actual Cost	Name of Receipt	Amount of Public Funding	Total Cost Minus Public	50% or 75%	REAP Request
EXAMPLE	Heavy Use Area	\$7,000.00	Brubaker Invoice				
		\$3,000	AS Cons. Firm Invoice				
		\$5,000	MK Concrete Invoice				
		\$15,000		\$2,000	\$13,000	50%	\$6,500
	Nutrient Management Plan	\$1,500	TSP Consultant Invoice	\$500	\$1,000	75%	\$750
	Totals	\$16,500		\$2,500	\$14,000		\$7,250

<input type="checkbox"/> Is the signed "Project Completion Certification" form attached?	List each of your completed BMPs below the example Use additional sheets if necessary
<input type="checkbox"/> Are all PAID invoices/receipts attached?	
<input type="checkbox"/> Have you provided documentation of any other public funding you recieved?	



REAP Project Completion Certification for BMPs

APPLICANT NAME:	REAP ID #:
ADDRESS:	
List approved eligible BMP(s) certified as complete for the REAP Program: For reporting purposes, for each BMP Certified, estimate approximate "units" of measure. (i.e. linear, square, cubic feet, acres of BMPs installed, etc.)	
BMP:	Number/Unit:
<i>Example:</i>	
<i>Animal Trails and Walkways</i>	<i>1,000 square feet</i>
<i>Waste Storage Facility</i>	<i>10,000 cubic feet</i>
List additional BMPs, if necessary, on a separate sheet.	

Certification: Complete the appropriate certification below:

Project Designer/Engineer Certification of BMPs	
I certify that the BMP(s) listed above have been installed to meet the requirements of REAP program guidelines, and that the project design meets or exceeds the design standards and specifications of the "Pennsylvania Technical Guide." I certify that I have the appropriate job approval authority from NRCS to certify this project.	
Name (printed)	Title/Organization
Signature	Date

~OR~

Registered Professional Engineer Certification	
I certify that the BMP(s) listed above have been installed to meet the requirements of REAP program guidelines, and that the project design meets or exceeds the design standards and specifications of the "Pennsylvania Technical Guide."	
Name (printed)	<div style="border: 1px solid black; width: 100%; height: 100%; margin: 0 auto;"></div> <p>Registered Professional Engineer's Seal</p>
Title/Organization	
Signature	Date