



COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 BUREAU OF WATERSHED MANAGEMENT

**Chesapeake Bay Special Projects Funding Program  
 Landowner Request Form (CBP-SP1)**

<b>1. Applicant Information</b>			
Landowner:		Operator:	
Farm Name:			
Street Address:		Street Address:	
Telephone Number:		Telephone Number:	
Brief description of Nutrient Problems <u>OR</u> if project is not Agriculture related, please describe project and water quality benefits:			
Farm Acres:		Cropland Acres:	FSA Tract No.
If animal operations, please list annual animal types and numbers:			
Animal Type	Number	Average Weight	Production Days/Year
Does your operation have a Nutrient Management Plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list date of plan:			
Does your operation have a Conservation Plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list date of plan:			
<b>2. Applicant Eligibility (Utilize this area to create specific eligibility parameters for the needs of the special project. See Forms Instructions Section of Manual for example. Attach additional pages as necessary.)</b>			
Special Project Title:			
I hereby request Chesapeake Bay Special Project assistance for the farm identified above.			
Signed: _____		Date: _____	

<b>3. Conservation District Use Only</b>	
Date Received: _____	
Watershed Name:	Watershed Code:
Determination of Eligibility:	<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible
If not eligible, state reason:	
If eligible, amount of funding granted:	
Accepted by (signature):	Date:
Name (print):	Title:

## Instructions to Complete Form

### Section 1: Applicant Information

Landowner: Print or type name of legal landowner. If land is owned by a partnership or corporation, enter name of President or Vice President and Secretary or Treasurer.

Farm Name: (If any)

Street Address: Enter mailing address of landowner residence or office headquarters. Street, box number, city/town, state, and five or nine digit zip code.

Telephone Number: Enter area code and seven digit number.

Complete the following three fields, ONLY if operator is different than landowner, i.e. rented land OR if address of land where SPFP funds will be utilized is different from Landowner address.

Operator: If different from landowner.

Street Address: If different from landowner Street Address, enter mailing address of operator residence or office head quarters.

Telephone Number: If different from Landowner Telephone Number, enter operator's area code and seven digit number.

Project Description: In your own words, briefly describe any manure, nutrient, or soil management problems on the farm. Include any runoff problems around the barn and erosion problems in crop fields. SPFP Funds are not limited to agricultural practices. Therefore, if project request is not agriculture related, please describe the water quality benefits.

Farm Acres: The total acreage owned by operator. OR If rented land, total acreage applying for.

Cropland Acres: The total acres currently in crop production.

FSA Tract Number: If not known, this number is available from the County USDA Farm Services Agency Office. The conservation district can provide assistance in obtaining this number.

Type of Operation: Please list all that apply.

Annual Animal Numbers:

- a. List types of animals on operation.
- b. List the total animal numbers of each type of animal listed.
- c. List the average weight during the year of production period of each type of animal listed.
- d. List the number of days the animals are located on the farm.

Nutrient Management and Conservation Plans: Indicate if you have either plan and the date of implementation.

### Section 2: Applicant Eligibility

Answer questions provided by the district and complete by signing at the end of Section 2.