



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
CHESAPEAKE BAY OFFICE

## AGRICULTURAL PLANNING REIMBURSEMENT PROGRAM PLAN REIMBURSEMENT REQUEST FORM

1. General Information			
Landowner/Operator:	Planner Name & Contact Information:		
Mailing Address:	Farm Address (if different from Mailing Address):		
County:			
Telephone Number:			
		Land Acreage:	
2. Expenditures			
Please indicate for which plan(s) reimbursement is requested:	DATE DEVELOPED	AMOUNT INVOICED BY PLANNER *see instructions below	AMOUNT ELIGIBLE FOR REIMBURSEMENT *see instructions below
<input type="checkbox"/> Manure Management Plan OR <input type="checkbox"/> Nutrient Management Plan		\$0.00	≤10 acres: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
			≥11≤50 acres: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
			Additional \$10 per acre >50 acres: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
<input type="checkbox"/> Ag E&S Plan		\$0.00	≤10 acres: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
			≥11≤50 acres: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
			Additional \$10 per acre >50 acres: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
<b>TOTAL</b>		\$0.00	(Maximum \$1500 per plan, Maximum \$6000 per landowner/operator): <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
3. Agreement			
<p>By signing below, I verify that the information provided herein is true and correct to the best of my knowledge, information and belief. I understand that false statements and any information obtained pursuant to this program are made subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities. I hereby request to receive assistance from the Agricultural Planning Reimbursement Program for the farm/operation identified above and acknowledge that any information obtained for this purpose may be subject to Pennsylvania's Right to Know Law. I certify that I have not been compensated through any other cost-share assistance, tax credit, or funding for the plans which I am registering for reimbursement under this program. By submitting this reimbursement form, I certify that I have not previously received reimbursement from this program for plans developed for these acres.</p>			
Signed: _____		Date: _____	
<b>Land Owner/Operator</b>			
Signed: _____		Date: _____	
<b>Planner</b>			
4. *For Coordinator Use Only*			
The information provided on this form is true and correct to the best of my knowledge. The plans submitted for reimbursement have been reviewed and meet administrative completeness requirements.			
Signed: _____		Date: _____	
<b>Coordinator</b>			

**Plans developed after January 1, 2019 are eligible for reimbursement. Any acreage for which plans were developed and previously reimbursed under this program are ineligible for reimbursement. Please see back for instructions.**

**All forms must be completed in their entirety. Incomplete forms may be rejected. DEP reserves the right to reject reimbursement for plans for other reasons.**

#### Purpose

To document requests for reimbursement of planning expense(s). Completed by: Landowner/Operator

To report the funding granted.

Completed by: Coordinator

#### Distribution

Original and one copy.

Original is delivered to the Coordinator. Copy is retained for landowner/operator record.



## AGRICULTURAL PLANNING REIMBURSEMENT PROGRAM PLAN REIMBURSEMENT REQUEST INSTRUCTIONS

### Section 1: General Information

**Landowner/Operator:** Print or type name of legal landowner or operator.

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

**Farm Address:** Enter the address of the farm if the farm address is different from the mailing address or enter the FSA tract #.

**County:** Indicate in which county the operation is located.

**Planner Name & Company:** Enter the first and last name of the planner, company name, and contact information for the planner contracted to develop the plan(s).

**Telephone Number:** Enter area code and seven-digit number of landowner/operator.

**Land Acreage:** Enter the total acreage of the land eligible for reimbursement.

### Section 2: Expenditures

2. Expenditures		DATE DEVELOPED		AMOUNT INVOICED BY PLANNER *see instructions below		Total cost invoiced per plan. Enter the number of dollars needed to develop the corresponding plan(s).	
<b>Please indicate for which plan(s) reimbursement is requested:</b> <input type="checkbox"/> Manure Management Plan <b>OR</b> <input type="checkbox"/> Nutrient Management Plan  <input type="checkbox"/> Ag E&S Plan  <b>TOTAL</b>		Landowner/operator selects the plan(s) for which they are requesting reimbursement. At least one plan should be selected.  Either one of these two plans may be selected, or neither plan may need to be selected.		Enter the date(s) that the corresponding plan(s) was developed.		Total costs invoiced. Enter the total number of dollars needed to develop the selected plan(s).	
				\$0.00			
				\$0.00			
				\$0.00			

AMOUNT ELIGIBLE FOR REIMBURSEMENT *see instructions below	
≤10 acres:	
≥11≤50 acres:	
Additional \$10 per acre >50 acres:	
≤10 acres:	
≥11≤50 acres:	
Additional \$10 per acre >50 acres:	
(Maximum \$1500 per plan, Maximum \$6000 per landowner/operator):	

Coordinator reports the amount of funding allocated to the corresponding plan(s). Actual cost up to \$250, ≤10 farm acres, up to \$500, ≥11≤50 farm acres, with an additional \$10 per acre for every acre >50 acres. Maximum \$1500 reimbursement per plan. Maximum \$6000 per landowner/operator.

### Section 3: Agreement

Both the Landowner/Operator and the Planner must sign and date that any information is true and correct.

### Section 4: \*For Coordinator Use Only\*

The Coordinating entity will be responsible for ensuring administrative completeness of all plans submitted for reimbursement. The Coordinator will sign and date that the information on the form is correct and the plans are administratively complete.