3020-FM-CBO0003b Rev. 8/2019 Form



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION CHESAPEAKE BAY OFFICE

AGRICULTURAL PLANNING REIMBURSEMENT PROGRAM PLAN REIMBURSEMENT REQUEST FORM

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) DATE PLANNER AMOUNT ELIGIBLE FOR REIMI *see instructions below *see instructions below		
☐ Manure Management Plan) acres:	
OR \$0.00 \$11≤50	acres:	
Additional \$10 per acre >5	0 acres:	
≤1() acres:	
☐ Ag E&S Plan \$0.00		
≥11≤50	acres:	
Additional \$10 per acre >5	0 acres:	
TOTAL \$0.00 (Maximum \$1500 per plan, Maximum landowner/op		
3. Agreement		
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.		
Signed: Date:		
Land Owner/Operator		
Signed: Date:		
rianner		
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:		
Coordinator		

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.

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION CHESAPEAKE BAY OFFICE



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

County: Indicate in which county the operation is located.

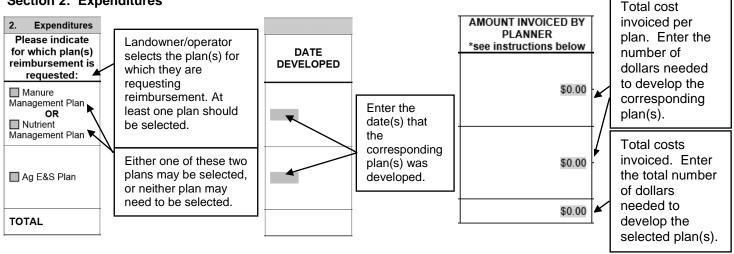
<u>Planner Name & Company</u>: Enter the first and last name of the planner, company name, and contact information for the

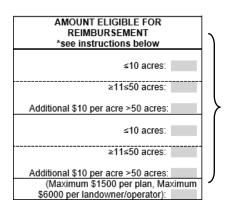
planner contracted to develop the plan(s).

<u>Telephone Number</u>: 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





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.