



AGENCY OF AGRICULTURE, FOOD & MARKETS

Water Quality Division
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Farm Agronomic Practice (FAP) Program – Grant Application
 For conservation practices planned from July 1 to June 30 of the following year

Before completing this form, please review FAP [program information and practice requirements](#). Please note:

- Submission of this application does not guarantee funding. Applications will be reviewed in order of receipt.
- Grants are limited to a maximum of **\$10,000** per farm operation, per State fiscal year.
- Practice payment rates may change due to program demand and funding availability.
- Applications are due June 15 for Rotational Grazing, August 1 for cover cropping or fall manure injection, or April 15 for spring practices such as no till planting or pasture and hayland renovation.

1. Business/Farm Name:				
2. Business Mailing Address:				
Town, State and Zip code:				
3. Phone Number:				
4. Full Name of Legal Signatory: <small>(Individual who is authorized to sign on behalf of the business)</small>				
5. Email Address of Legal Signatory:				
6. End Date of Federal Business Tax Year: <small>For most businesses, this date is <u>December 31</u>.</small>				
7. Farm Operation Size (circle)	SFO	CSFO	MFO	LFO
8. Primary Farm Product:				
9. If you would like us to include an additional farm contact or service provider (TSP, UVM Extension, Conservation District staff member, or other) on correspondence related to your grant, please provide their name and email address below:				
Name:		Email:		
			YES	NO
10. Do you have a current conservation practice contract through the Natural Resources Conservation Service (NRCS)? Please note: You cannot receive duplicate funds (for the same practices on the same fields in the same year) from NRCS and FAP.				
11. Have you ever received funding through the FAP Program in the past?				
12. Select the major watershed(s) in which you plan to install practices funded by the FAP program:				
Lake Champlain	Memphremagog	Connecticut River	Hudson River	
13. If you are located in the Lake Champlain watershed, select the tactical basin watershed(s) in which you plan to implement practices funded by the FAP program. See the Vermont Tactical Basins for a map.				
Missisquoi Bay	Southern Lake Champlain	Otter Creek	I am not sure.	
Winooski	Northern Lake Champlain	Lamoille	Not applicable	

APPLICATION CONTINUED...

14. Conservation practices: Please fill out one line for each conservation practice as applicable. Please submit one application for all practices planned from July 1 of one year to June 30 of the following year.

Practice	Rate	Total Acres	Intended Install Month(s)
Cover Crop – Broadcast or Interseeded *	\$30 / acre		
Cover Crop – Drilled or Otherwise Incorporated *	\$45 / acre		
* If you apply for drilled cover crop and end up broadcasting it, the state will pay at the broadcast rate. If you apply for broadcast cover crop and end up drilling or incorporating it, the state will still pay at the broadcast rate.			
Crop to Hay	\$35 / acre		
Crop to Hay with Nurse Crop (e.g. oats)	\$45 / acre		
Rotational Grazing [‡] <i>‡See below for additional application requirements</i>	\$30 / acre		
No Till (Annual Crop Planting)	\$15 / acre		
No Till Pasture and Hayland Renovation	\$30 / acre		
Manure Injection	\$25 / acre		

- This grant application must be fully completed, signed, and submitted to the Agency prior to the application deadlines for consideration. If selected, a grant agreement will be sent to you by the Agency.
- Claim Forms, including corresponding maps of the location of implemented practices are REQUIRED within 30 days of completing practice implementation or you may not be eligible for payment.
- Eligible farms must be in good standing with the State of Vermont. Good standing for Water Quality Technical and Financial Assistance is defined in 6 V.S.A. § 4802.
- You cannot receive payment through FAP for the same practice on the same field that has been paid through any other state, federal, or private program in the same year.

I hereby authorize the NRCS to release information to the Agency concerning the location (including tract and field numbers) and the extent of cropland on my farm (including crop history for current year and conservation practice implementation by field under contract for any NRCS program) to make eligibility determinations in relation to this application.

Signature _____

Date _____

+Required for Rotational Grazing applications only:	YES	NO
15. Have you previously received financial assistance through NRCS EQIP for prescribed grazing?		
16. Have you exceeded your years of eligibility for grazing assistance through NRCS programs for prescribed grazing?		
17. Please attach your completed grazing plan and maps to this application. There is a template available on the agency website if you do not have a full grazing plan for your farm.		
GRAZING APPS MUST INCLUDE A GRAZING PLAN AND MAPS TO BE CONSIDERED FOR FUNDING.		