



AGRICULTURAL PLANNING REIMBURSEMENT PROGRAM PLAN REIMBURSEMENT REQUEST FORM

1. General Information			
Landowner/Operator:	Planner Name & Company:		
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	FUNDS REQUESTED BY LANDOWNER *see instructions below	FUNDS GRANTED BY COORDINATOR *see instructions below
<input type="checkbox"/> Manure Management Plan OR <input type="checkbox"/> Nutrient Management Plan		\$0.00	≤50 acres: <input style="width: 50px;" type="text"/> Additional \$10 per acre >50 acres: <input style="width: 50px;" type="text"/>
<input type="checkbox"/> Ag E&S Plan		\$0.00	≤50 acres: <input style="width: 50px;" type="text"/> Additional \$10 per acre >50 acres: <input style="width: 50px;" type="text"/>
TOTAL		\$0.00	(Maximum \$1500 per plan): <input style="width: 50px;" type="text"/>
3. Agreement			
The information provided on this form is true and correct to the best of my knowledge.			
Signed: _____		Date: _____	
Landowner/Operator			
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, 2017 are eligible for reimbursement.

Please see back for instructions.

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 and company name contracted to design the plan(s).

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

Land Acreage: Enter the total acreage of the land.

Section 2: Expenditures

2. Expenditures
Please indicate for which plan(s) reimbursement is requested:
<input type="checkbox"/> Manure Management Plan OR <input type="checkbox"/> Nutrient Management Plan
<input type="checkbox"/> Ag E&S Plan
TOTAL

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.

DATE DEVELOPED
<input type="text"/>
<input type="text"/>
<input type="text"/>

Enter the date(s) that the corresponding plan(s) was developed.

FUNDS REQUESTED BY LANDOWNER
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Total cost invoiced per plan. Enter the number of dollars needed to develop the corresponding plan(s).

Total costs invoiced. Enter the total number of dollars needed to develop the selected plan(s).

FUNDS GRANTED BY CONTRACTOR
<input type="text"/>
Additional \$10 per acre ≥50 acres: <input type="text"/>
<input type="text"/>
Additional \$10 per acre ≥50 acres: <input type="text"/>
<input type="text"/>
Maximum \$1500: <input type="text"/>

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

Section 3. Agreement

The Landowner/Operator signs and dates that the 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.