

**NC Conservation Cost Share Programs
Pre-Application Form
(Applicant Information Sheet)**

All Applicants Complete Items 1 - 5

1) Date: _____

2) Time: _____

3) Applicant Information:

NOTE: Please list individual or business name you would like to appear on a potential contract

Individual Name: _____

Business Name _____

Address _____

Phone _____

Email Address: _____

Social Security # (for individual) _____

Federal Tax ID # (for business) _____

4) Landowner Information: (if different from applicant)

NOTE: Please list name (individual or business) you would like to appear on a potential contract. If multiple landowners are involved please notify staff before completing.

Individual Name: _____

Business Name _____

Address _____

Phone _____

Email Address: _____

Social Security # (for individual) _____

Federal Tax ID # (for business) _____

5) Which Program Are You Applying For (check all that apply):

NC Agriculture Cost Share Program **(Complete items #6, 7, 10, 11)**

NC Conservation Reserve Enhancement Program **(Complete items #6, 7, 10, 11)**

NC Community Conservation Assistance Program **(Complete items #9, 10, 11)**

NC Agricultural Water Resources Assistance Program **(Complete items #6, 7, 8, 10, 11)**

Unsure **(Complete items 6 – 11)**

6) Agricultural Land/Operation Information:

FSA Farm Number(s) _____

FSA Tract Number(s) _____

Type of Operation: _____ (crops, livestock, pasture, hay, etc.)

Facility Number: _____

Animal type and amount: _____

Is the site/operation located within a Voluntary Agricultural District _____

7) Program eligibility:

To be eligible for ACSP or AgWRAP you must be able to provide one of the following items listed below. Check beside which item you can provide.

_____ Copy of the farm owner or operator's federal tax Schedule F (form 1040) or equivalent, for the most recent tax year showing the owner or operator's profit or loss from farming.

_____ Copy of the farm's agricultural exemption certificate (sales tax exemption) or exemption number, issued to the farm owner or operator by the NC Dept. of Revenue.

_____ FSA (Farm Service Agency) Farm/Tract Identification Number

_____ Other, please describe: _____
(In extraordinary circumstances, the Soil and Water Conservation Commission may permit an applicant to establish that he or she is engaged in farming with an alternate form of documentation if the farm has a conservation plan that meets the statutory purposes of the program.)

8) Program Eligibility:

To be eligible for AgWRAP you must meet one of the two requirements below. Check beside which statement applies to you.

_____ Applicant's adjusted gross income (AGI) for each of the previous two calendar years did not exceed \$250,000.

_____ At least 75 percent of the applicant's adjusted gross income (AGI) for the previous two calendar years is derived directly from farming, ranching or forestry operations.

