

RCPP- WRIA 34
RCPP Sign-up WORKSHEET - Fiscal Year 2019

Instructions: Please have applicants interested in applying for funding through the Regional Conservation Partnership Program fill out and sign.

Applicant's Name:	Partner group:
Applicant's mailing address:	Applicant's Phone (include area code):
Applicant's Email:	Farm Entity Name:
Where did you hear about this program? <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Conservation District <input type="checkbox"/> NRCS <input type="checkbox"/> Meeting <input type="checkbox"/> Presentation <input type="checkbox"/> Another landowner or operator <input type="checkbox"/> Other: _____	
Location of proposed project or attach map: <i>Township Range, UTM's (from Google Earth), or Farm and Tract numbers</i>	
Funding source preference: <input type="checkbox"/> EQIP <input type="checkbox"/> WSCC <input type="checkbox"/> CSP <input type="checkbox"/> No Preference <i>As funds are available</i>	
General description of proposed project: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Mulch till: Estimated acres _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Direct seed: Estimated acres _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Riparian buffer: Estimated acres _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Other: _____ </div> </div> What resource concerns will your project address or improve? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Water quality <input type="checkbox"/> Soil health <input type="checkbox"/> Habitat </div>	
Are you interested in Farmed Smart certification or learning more about the program? Yes No	
Are you interested in monitoring your project after implementation? Yes No	
Are the acres you wish to enroll currently under contract for any federal conservation program? Type _____ or NA	
Preferred dates for site visit with planner:	

Questions or suggestions:

Applicant's Signature: _____

Date: _____ **Time:** _____ (please indicate AM/PM)

Received by: _____

Signature: _____

Date: _____ **Time:** _____ (please indicate AM/PM)

Planner notes: