



Clinton County Soil & Water Conservation District

Farm Agronomic Practice (FAP) Program – Application

For conservation practices planned from May 1, 2025 to October 30, 2025

Before completing this form, please review FAP program information and practice requirements. If you are requesting assistance for rotational grazing, attach a grazing plan and grazing maps for your farm. Please note:

- Submission of this application does not guarantee grant funding.
- Grants are limited to a maximum of \$8,000 per farm operation,
- Practice payment rates may change due to program demand and funding availability.
- Applications are due May 15 for Rotational Grazing, August 15 for cover cropping, or 30 days prior to practice implementation for all other practices.
- The District will review applications in order of receipt. The District may not fund all applications.

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.				
7. Farm Operation Type (select)	Dairy	Livestock	Crops	Other
8. If you would like us to include an additional farm contact or service provider (TSP, Cornell Extension, Conservation District staff member, or other) on correspondence related to your request for assistance, please provide their name and email address below.				
Name:		Email:		
			YES	NO
9. Do you have a current conservation practice contract through the Natural Resources Conservation Service (NRCS) Or the SWCD? <i>Please note: You cannot receive duplicate funds (for the same practices on the same fields in the same year) from NRCS and FAP.</i>				
10. Have you ever received funding through the District Conservation Programs in the past?				
11. Select the major watershed(s) in which you plan to install practices funded by the FAP program:				
Chazy/Little Chazy	Ausable/Little Ausable	Saranac	Chateaugay	
12. If you are located in the Lake Champlain watershed, select the tactical basin watershed(s) in which you plant to implement practices funded by the FAP program.				
Great Chazy River	Dead Creek(Scomotion)	Little Ausable	I am not sure.	
Little Chazy	Saranac	Ausable	Not applicable	

APPLICATION CONTINUED...

13. Conservation practices: Please fill out one line for each conservation practice as applicable. Please submit one application for all practices planned from May 1, 2025, to October 31, 2025.

Practice	Rate	Total Acres	Intended Install Month(s)
Cover Crop – Drilled or Interseeded *	\$80/ acre		
Cover Crop – Broadcast *	\$45 / acre		
* If you apply for drilled cover crop and end up broadcasting it, the district will pay at the broadcast rate. If you apply for broadcast cover crop and end up drilling or incorporating it, the district will still pay at the broadcast rate.			
Cropland to Hay; No-Till	\$75 / acre		
No Till (Annual Crop Planting)	\$15 / acre		
Rotational Grazing [‡] <i>‡See below for additional application requirements</i>	\$30 / acre		
No Till Pasture and Hayland Renovation	\$75 / acre		
Critical Area Seeding	\$300 / acre		

This grant application must be fully completed, signed, and submitted to the District for consideration. If selected, a grant agreement will be sent to you by the District. 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. **Practices implemented prior to a fully executed grant agreement may not be eligible for payment.** Eligibility requirements include farms are in good standing with the District. Any land under an agreement to receive payment for a practice, or within a contract lifespan for a practice from any other state, federal, or private program may be ineligible to receive FAP payments for an equivalent conservation practice.

I hereby authorize the FSA & NRCS to release information to the District 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 FSA/NRCS program) to make eligibility determinations in relation to this application.

Signature _____

Date _____

‡Required for Rotational Grazing applications only:	YES	NO
14. Have you previously received financial assistance through NRCS EQIP for prescribed grazing?		
15. Have you exceeded your years of eligibility for grazing assistance through NRCS programs for prescribed grazing?		
16. Please attach your completed grazing plan and maps to this application.		