Resource Enhancement and Protection Program

APPLICATION

Fiscal Year 2026

(July 1, 2026 – June 30, 2027)

State Conservation Commission
2301 North Cameron Street
Harrisburg, PA 17110

Program contact: (717) 705-4032
SCC Main office: (717) 787-8821

REAP APPLICATION INSTRUCTIONS 2026-27

The Commission will accept 2026-27 REAP applications beginning **August 1st, 2026**. Please send applications to the following address:

State Conservation Commission
REAP Tax Credit Program
2301 North Cameron Street
Harrisburg, PA 17110-9408

Emailed applications should be sent to: RA-AGSCC-REAP@pa.gov

Applications will be accepted on a first-come, first-served basis.

Applications will be accepted for projects that are **proposed** or **completed** (or mixed) at the time of application. Proposed purchases of equipment must be completed by **June 30, 2027**. Projects involving the implementation of structural BMPs must be on-schedule to be completed by **June 30, 2028,** to be eligible. Applicants may apply for proposed cover crop planting through **June 30, 2029**.

The deadline for submitting REAP applications is **October 30th, 2026.**

Tax credits are awarded upon completion of the project. The applicant must provide the Commission with paid receipts for the project and project certification information from a qualified individual. All projects must meet the design and certification standards established by the Commission (See Att 1 of the REAP Guidelines).

PACS Certified Farms and PA Preserved Farms may submit applications beginning July 1, 2026. Please include PACS certificate or Preserved Farm documentation with application.

Please refer to p3 of the REAP Guidelines for more information regarding sponsorship of REAP projects.

Application Sections

Section 1 (p1): Applicant contact information, tax information, and agricultural operation location information is provided in Sec 1 of this application.

Section 2 (pp2-4): Applicant eligibility is determined in Sec 2. Applicant eligibility must be verified on pp2-4 by a qualified individual. **Please note:** Both Section 2A and 2B must be verified by a qualified individual even if there is no livestock or manure present on the operation.

Section 3 (pp5-17): Project information is provided in Sec 3. Please discard any pages that do not pertain to your project.

Please refer to p5 of this application for further instructions on completing Sec 3.

Supporting information found in the 2026-27 REAP Guidelines

Please refer to p1 of the REAP Guidelines for more information regarding applicant eligibility.
Please refer to the REAP Guidelines for information regarding the use of REAP tax credits.
Please refer to Attachment 1 of the REAP Guidelines for more information regarding eligible projects.
Please refer to Attachment 2 of the REAP Guidelines for more information regarding eligible equipment.
Please refer to Attachment 4 of the REAP Guidelines for more information regarding who is qualified under the REAP tax credit program to provide eligibility verification signatures.

Before you submit the REAP Application, make sure you have….

- √ Provided accurate tax identification information. Please note that the tax credit will be awarded to the Social Security Number (SSN) or EIN number that you submit. Sole Proprietorships must provide an SSN. Business entities that are organized as an LLC must provide an SSN along with the business EIN.
- √ Answered **all** eligibility questions on pp 2-4.
- √ Both verifications in Section 2A and 2B are signed by a qualified person.
- √ Completed the REAP Project Cost/Funding Summary Table (pp5-6)
- √ Signed and dated the application on p7.
- √ *For sponsored applications*, *please ensure that the sponsor has completed the information on p1, page 7 is signed, and you have included the sponsorship addendum page (17). Applicants are permitted to switch to a sponsor after applying for the project on their own (before the project is completed).*

If you are applying for equipment, please provide the following:

- √ For proposed purchases: A cost estimate; or dealer quote; or purchase order.
- √ For completed (delivered) purchases: the corresponding equipment dealer certification form (pp 8-11) and a copy of the dated sales receipt/invoice.
- √ If participating in the REAP no-till equipment buffer incentive, please indicate "yes" on p6, and complete the REAP No-Till Buffer Worksheet (p14).

If you are applying for a Manure Storage Facility, Heavy Use Area Protection, Animal Mortality Facility, or Composting Facility please provide the following:

- √ REAP Project Summary Worksheet (p12).
- √ *If complete* - Project Completion Certification (p16 or *other program certification*)

Important note regarding operation expansions: All REAP-eligible BMPs must treat existing resource concerns on the ag operation. Projects that include an expansion of an agricultural operation by greater than 25% may be subject to a 50% reduction in prorated REAP-eligible costs.

If you are applying for cover crops, please provide the following:

- √ Provide cost estimates for 1 year on p6 Cost Summary Table. Commission staff will reserve 3 years of funding for you based on your 1-yr estimate. Please submit copies of receipts/invoices and the REAP Cover Crop Worksheet (p13) upon completion of planting for the season.

If you are applying for any other BMP project, please provide the following:

- √ For proposed projects: cost estimates, estimated other public funding at time of application (if applicable), estimated project completion date on p6.
- √ For completed projects: copies of all receipts (including any of your own labor), all records of other public funding associated with the project, and appropriate certification data (p15).

If you are applying for a Riparian Forest Buffer or Buffer Maintenance:

- √ REAP Buffer Worksheet (p14)
- √ REAP Buffer Maintenance Worksheet (p15) – *if applying for maintenance funding*

2026-27 REAP Application

REAP ID Number 26 -

For Commission use only

SECTION 1A - APPLICANT INFORMATION

The **APPLICANT** is:

☐ The owner/operator of the property on which the project will be completed

☐ A sponsor of the project

APPLICANT NAME/BUSINESS NAME

MAILING ADDRESS:

street

city *state* *zip*

phone *email*

CONTACT NAME: (If different than applicant name)

TAX INFORMATION:

REAP Tax Credits will be issued under the SSN for Individuals or Sole Proprietorship. REAP Tax Credits will be issued under the FEIN for the corporate entity. Single-member LLC entities must provide a FEIN and SSN.

SSN | Federal Employer Identification Number(FEIN)

Please check which type of business entity

Individual ☐	S Corp ☐	LLC ☐	Bank ☐	Limited Partnership ☐
Partnership ☐	C Corp ☐	Other entity (please list)		

For projects involving a sponsor, a signed written agreement between the sponsor (applicant) and the owner/operator of the property on which the project is located must be completed, attesting that the owner/operator will comply with all the requirements associated with the award of the REAP tax credit, including the obligation to maintain the sponsored BMP(s). Please be sure to complete both sections of p7 and the REAP Sponsorship Addendum (p15).

Section 1B: OPERATION INFORMATION *(if different than Sec 1A)*

OPERATOR NAME *Operator SSN or FEIN* *Entity Type (if using FEIN)*

phone *email*

OPERATION ADDRESS:

street

city *state* *zip*

county *township*

MAILING ADDRESS (if different than operation address):

street

city *state* *zip*

county *township*

FARM INFORMATION:

Certified PACS Farm: YES ☐ NO ☐ PA Perserved Farm: YES ☐ NO ☐

SECTION 2 - REAP Eligibility

Questions in Section 2 must be completed by the owner/operator of the ag operation.

Sec 2A. Agricultural E&S (Ag E&S) Plans

1. Do you have current and up-to-date **Ag E&S Plans** or **NRCS Conservation Plans** that meet the requirements of regulations found in **Chapter 102.4(a)** of the PA Clean Streams Law for all acres owned or operated on your ag operation?

Yes ☐ If you answered Yes, proceed to Question 2

No ☐ If you answered No, please use the space provided below to list the entity assisting you with Plan development and an estimated date of completion.

Total number of acres **OPERATED** and included in Ag E&S Plans:_____ac.

Assisting entity:

Est. Date of Completion:

Acres:

2. Are your Ag E&S Plans fully implemented?

Yes ☐

No ☐ If you answered No, list BMPs yet to be completed and an implementation schedule below.

BMPs:

Est. Date of Completion:

BMPs:

Est. Date of Completion:

Sec 2A REAP ELIGIBILITY VERIFICATION

Verifiers are attesting to the accuracy of the answers to the questions in Sec 2A

The following individuals are qualified to provide the necessary REAP-eligibility signatures:

* Conservation District Technicians with appropriate training & experience in PA Clean Streams Law Compliance.
* USDA/NRCS technicians who are certified in conservation planning with appropriate training and experience in PA Clean Streams Law compliance.
* PA Act 38-certified Nutrient Management Plan writers/technicians.

I affirm that I have reviewed the responses made **by the applicant** in **Section 2A**, and after due diligence and inquiry, I hereby affirm the foregoing to be true and correct to the best of my knowledge.

I make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Total number of acres OPERATED* by the applicant - and therefore covered by the verification signature below.

_____ac.

NAME: (print)	PHONE:
TITLE:	EMAIL:
ORGANIZATION OR BUSINESS:	
VERIFICATION SIGNATURE:	DATE:

*Reminder: The applicant's answers to the questions in Sec 2 pertain to the entire operation (owned and rented).

please continue to the next page

Sec 2B. Nutrient/Manure Management Plans and Animal Concentration Areas (ACA)

Questions in Section 2B must be completed by the owner/operator of the ag operation.

3. Do you have livestock of any kind AND/OR use manure on your operation? Yes ☐ No* ☐

* If you answered no, please skip to the Sec 2B Eligibility Verification on the next page.

If YES:	3a. Is your operation a Concentrated Animal Operation(CAO) or Concentrated Animal Feeding Operation(CAFO)? Yes ☐ No ☐
If YES:	3b. If you answered Yes, Do you have a current Act 38 Nutrient Management Plan (NMP) for your CAO or CAFO operation? Yes ☐ No ☐ If you answered No, you must include the development of Plans in this application.
If YES:	3c. Is the Plan fully implemented? Yes ☐ No ☐ If you answered No, list the BMPs yet to be completed and an implementation schedule below:

BMPs:

Est. Date of Completion:

BMPs:

Est. Date of Completion:

Total number of acres **OPERATED** and included in Nutrient Management Plan:_____**ac.**

4. If your operation is **not** a CAO or CAFO, do you have a Manure Management Plan that meets the requirements of the DEP regulations found in Chapter 91 of the PA Clean Streams Law?

☐ Yes, I have a DEP Manure Management Plan

☐ Yes, I have a NRCS 590 Plan

☐ No (*see below*)

If you answered No, please use the space provided below to list the entity assisting you with Plan development and an estimated date of completion.

Assisting entity:

Est. Date of Completion:

Acres:

If YES:	4a. Is the Plan fully implemented? Yes ☐ No ☐ If you answered No, list the BMPs yet to be completed and an implementation schedule below:

BMPs:

Est. Date of Completion:

BMPs:

Est. Date of Completion:

Total number of acres **OPERATED** and included in Manure Management Plan:_____**ac.**

Please continue to the next page

SECTION 2B (continued)

Questions in Section 2B must be completed by the owner/operator of the ag operation.

5. Does your operation have any Animal Concentration Areas **(ACAs)** as defined below?

ACA: A livestock congregation area outside of animal housing facilities that will not maintain growing vegetation. This includes (but is not limited to) barnyards, feedlots, loafing areas, exercise lots, or other similar areas that animals congregate. Also included are significant heavy-use areas in a pasture system; such as cattle access ways, feeding areas, watering areas, and shade areas.

☐ Yes ☐ No

6. Does your operation have any untreated ACAs?

Use the evaluation below to help determine whether you have an untreated ACA. **Please note**: This is not a definitive list of resource concerns for an untreated ACA. Please consult a qualified individual at your County Conservation District, NRCS, or Commission staff for a complete evaluation of your ACAs.

* Does water flow across the ACA for more than 300 feet?
* Is the area larger than 1000 sq ft?
* Do any sources of concentrated water flow enter the ACA (e.g. culverts, downspouts, etc)?
* Does untreated, unfiltered runoff from the area enter surface water during a rain event?
* Is the area within 50 feet of a stream, well, spring, or sinkhole?

☐ Yes ☐ No ☐ N/A

Sec 2B REAP ELIGIBILITY VERIFICATION

Verifiers are attesting to the accuracy of the answers to the questions in Sec 2B

The following individuals are qualified to provide the necessary REAP-eligibility signatures:

* Conservation District Technicians with appropriate training & experience in PA Clean Streams Law Compliance.
* USDA/NRCS technicians who are certified in conservation planning with appropriate training and experience in PA Clean Streams Law compliance.
* PA Act 38-certified Nutrient Management Plan writers/technicians.

I affirm that I have reviewed the responses made **by the applicant** in **Section 2B**, and after due diligence and inquiry, I hereby affirm the foregoing to be true and correct to the best of my knowledge.

I make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Total number of acres OPERATED* by the applicant - and therefore covered by the verification signature below.

_____ac.

NAME: (print)	PHONE:
TITLE:	EMAIL:
ORGANIZATION OR BUSINESS:	
VERIFICATION SIGNATURE:	DATE:

*Reminder: The applicant's answers to the questions in Sec 2 pertain to the entire operation (owned and rented).

The Commission reserves the right to determine the status of ACA issues on the owner/operator's ag operation.

Section 3: Instructions

Please refer to Attachment 1 of the REAP Guidelines for a list of all REAP-eligible BMPs; and for a list of units of measurement to include when completing p6.

For proposed projects, please provide a cost estimate and an estimate of when the project is scheduled to be complete (or the equipment delivered) on p6.

For completed projects, please include copies of all receipts/invoices, project certifications, and records of other public funding. Use p6 to summarize the project.

Please enter the total cost of the entire project in the "Total Cost" column regardless of whether other funding sources directly paid contractors for specific elements of the project.

Please indicate whether the BMP is treating an ACA-related resource concern by checking the appropriate box. For more information about ACAs and BMPs typically used to treat runoff from ACAs, please refer to questions 5 & 6 on p4 of this application.

The "REAP Rate" column is completed according to your answers in the preceding checkboxes. Enter 75% if you answered "yes" to the "ACA?" question. Enter 50% if you answered "No" to the "ACA?" question. Please note: Manure Storages are not considered ACA treatments.

No-Till Equipment Buffer Incentive: Please contact the SCC for more information.

Level 1	REAP credit is 50% of purchase price and eligible cost is capped at $200,000. Level 1 reimbursement applies to ag operations that have received REAP tax credits on 3 or more pieces of no-till equipment in the past 7 years. Level 1 applicants are eligible to move to Level 2 or Level 3 by installing eligible conservation plantings or forested riparian buffers.
Level 2	REAP credit is 50% of purchase price and eligible cost is capped at $250,000. Applies to: A. Ag operations that have received REAP funding on less than 3 pieces of no-till equipment in the past 7 years. B. Ag operations that have no eligible riparian areas AND install an Integrated Erosion Control & Habitat Area at the time of purchasing the no-till equipment.

Conservation Planting guidelines: Eligible plantings will be at least ½ acres in size and must be maintained according to REAP Guidelines for 7 years. Eligible planting must meet the guidelines for Integrated Erosion Control & Habitat Areas in Attachment 1 of the REAP Guidelines. Plantings must be certified by a qualified technician from Conservation District, SCC, or NRCS.

Level 3	REAP credit is 90% of purchase price and eligible cost is capped at $250,000. Level 3 funding applies to ag operations that install (or have recently installed) a new riparian forest buffer on all stream frontage **owned** by the ag operation (35' minimum width).

Riparian Forest Buffer guidelines: Eligible buffers must meet the standards and specifications of one of the following: NRCS, DCNR, DEP, or a qualified NGO that has sufficient experience in the implementation of Riparian Forest Buffers. Please see Attachment 1 of the REAP Guidelines for more information regarding Riparian Forest Buffer standards and specifications. A buffer maintenance agreement is required at the time of certification.

The following BMPs are also eligible for a REAP tax credit of 90%.

~ Riparian forest buffers and maintenance.
~ Multi-species cover crop: See p13 for more information.
~ Cover Crop Roller/Crimpers
~ Stream crossings and livestock exclusion from streams.
~ Soil health tests

The Commission reserves the right to determine if your project meets the standards for a 90% REAP tax credit and will apply the higher reimbursement rate, if applicable. Please contact the SCC for more information.

SECTION 4 - Signature Page

Owner/Operator Signature

I affirm that I am authorized to legally bind the individual, corporation, partnership, or other legal entity whose name appears as the farm owner/operator .

I hereby give permission for the State Conservation Commission staff and representatives thereof to review my Ag E&S plans, my Nutrient/Manure Management Plans, and all relevant records pertaining to these plans as part of the application review process.

I understand that any project receiving REAP credits is subject to on-site inspection by Commission staff and/or a representative of the Commission.

I understand that if a BMP is not properly maintained and managed for the required lifespan, as defined by the REAP Guidelines, I will be required to return the full amount of the tax credit granted for the BMP. I understand that if I provide prior written notification to the Commission that I am unable to maintain the BMP due to the sale of the property, cessation of an agricultural operation, or other factors, the Commission may prorate the amount of tax credit that shall be returned. I understand these provisions apply to any violations of the of the REAP Program Guidelines.

I understand and acknowledge that approved REAP applications are a “public record” under the Pennsylvania Right-To-Know Law (65 P.S. §§ 66.1 *et seq.* , as amended).

I agree to permit the State Conservation Commission, its staff and/or its agents to conduct site visits of the project location and to monitor the project for the lifespan of the project.

I affirm the foregoing to be true and correct. I make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Print Name(s) of Project Owner/Operator	Printed Title or Affiliation to a Business (if applicable):
Project Owner/Operator Signature	Date

For Projects Involving a Sponsor

I affirm that I am authorized to legally bind the company, corporation, partnership or other legal entity whose name appears as the applicant and sponsor.

I affirm that there is a signed written agreement between the sponsor and the owner/operator of the project regarding financial details of the sponsorship.

I affirm the foregoing to be true and correct. I make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Print Name(s) of Sponsor	
Sponsor Signature	Date
Owner/Operator Signature	Date

Section 3: REAP Project Cost Summary Table

*****Please refer to Attachment 1 of the REAP Guidelines for the complete list of REAP-eligible BMPs. Please attach duplicate pages, if necessary.*****

BMP	Units Installed or Proposed	Total Cost ($)	Other Public Funds ($)	Source	Total Cost Minus Other Public Funds($)		REAP Rate	REAP Request ($)	Complete (C) or Proposed (P)	Proposed Date of Completion
PLANNING BMPs										
	ac.						75%			
	ac.						75%			
	ac.						75%			
EQUIPMENT BMPs						Buffer Incentive? Yes	No				
	no.									
	no.									
	no.									
ALL OTHER BMPs						ACA? YES	NO	REAP Rate			
TOTAL										

No-Till Equipment Certification

****For more information, refer to REAP Guidelines Att 2****

Dealer Certification (must be completed by a qualified farm equipment dealer)

Model Year	Age exceeds 20 years YES ☐ NO ☐	Make & Model

Planter ☐ Drill ☐ Upgrade Kit ☐ Refurbished ☐

Serial Number ☐ Check if serial number is not yet available

The equipment is: New* ☐ Used ☐

*demo equipment is considered new

Purchase Price $

Expected Delivery Date:

I certify the following:

1. The equipment listed above is capable of placing seeds at the optimum depth for germination and growth in untilled soil with crop residue cover.
2. For used equipment, all wear items meet or exceed manufacturer's guidelines for replacement parts.
3. The purchase agreement includes field setup by a qualified representative of the dealership.
4. I have no conflict of interest as defined by the REAP Guidelines.

I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Dealer Representative Printed Name for Company Name

Dealer Representative Signature Phone Number Date

Applicant Certification

I certify that the no-till equipment described above will be:

1. Utilized in untilled soil with crop residue cover on an agricultural operation that is identified in this application.

2. Maintained for the designated lifespan of the equipment (7 years for new equipment and 3 years for used equipment).

I agree to allow inspections by the Commission, its staff, or agents therof to ensure that my operation is maintaining the equipment for its REAP lifespan; and is utilizing the equipment as intended by the Commission.

I understand that REAP-eligible costs will be capped at either $200,000 or $250,000, based on the Commission's buffer incentive policy. Please see Att 2 of the REAP Guidelines or contact the SCC for more information.

I understand that refurbishing costs of used equipment are eligible only if installation is performed by a qualified equipment dealer prior to use by the farm operation.

I understand that precision upgrades must include precision nutrient placement upgrades.

I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Please provide the following information:

Are you interested in receiving 90% REAP tax credit through the REAP buffer incentive?

Yes ☐ No ☐

Acres planted no-till: _____

Acres of cover crops planted: _____

Acres of precision nutrient application: _____

Applicant Name Signature date

Manure Injection Equipment Certification

****For more information, refer to REAP Guidelines Att 2****

Dealer Certification (must be completed by a qualified farm equipment dealer)

The equipment is: ☐ manure injectors ☐ drag line infrastructure

Model Year | Make & Model

Serial Number | ☐ Check if serial number is not yet available

The equipment is: New* ☐ Used ☐

*demo equipment is considered "new"

Purchase Price $

Delivery Date/Expected Delivery Date

I certify the following:

1. The equipment is in good working order and is capable of injecting manure at a shallow depth (approx. 4") with minimal soil disturbance (leaving at least 60% of crop residue on the surface).
2. For used equipment, all wear items meet or exceed the manufacturer's guidelines for wear replacement parts.
3. The purchase agreement includes field setup by a qualified representative of the dealership.
4. I have no conflict of interest as defined by the REAP Guidelines.

I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Dealer Representative (print) for Company Name

Dealer Representative Signature | Phone Number

Applicant Certification

I certify that the equipment described above will be:

1. Utilized in a manner consistent with the provisions of a current Ag E&S Plan and Nutrient/Manure Management Plan.
2. Utilized on the agricultural operation that is identified on p1 of this application.
3. Utilized in a manner consistent with leaving a minimum of 60% of crop residue on the surface.
4. Maintained by the owner/operator for the designated lifespan of the equipment - 7 years for new equipment and 3 years for used equipment.

I understand that REAP-eligible costs for manure injector bars are capped at $70,000; and that REAP-eligible costs for drag line infrastructure are capped at $70,000.

I understand that manure tanks are not eligible for REAP tax credits.

I agree to allow inspections by the State Conservation Commission, its staff, or agents therof to ensure that my operation is maintaining the equipment for its REAP lifespan; and is utilizing the equipment as intended by the Commission.

I agree to provide to the SCC the information requested below concerning my operation.

I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Acres of manure injection on my operation annually: _____ acres

Applicant Name (print)

Applicant Signature | Date

Precision Nutrient Application Equipment Certification

****For more information, refer to REAP Guidelines Att 2****

Dealer Certification (must be completed by a qualified farm equipment dealer)

Model Year | Make & Model | ☐ Precision Upgrade Kit

Serial Number(if applicable)

****Please note: Only the precision ag **components** are eligible for REAP tax credits. Check all that apply:****

- ☐ Displays, Monitors, Controllers
- ☐ GPS
- ☐ Section/Swath Control
- ☐ Variable rate drives, Hydraulic motors
- ☐ Precision Spray Nozzles

The equipment is: New ☐ Used ☐ | Purchase Price $ (components)

I certify the following:

1. The equipment is capable of applying nutrients at variable rates based on automatic data input from maps or optical sensors; and the components are necessary for variable rate nutrient application.
2. For used equipment, all wear items meet or exceed manufacturer's guidelines for replacement parts.
3. The purchase agreement includes setup by a qualified representative of the dealership.
4. I have no conflict of interest as defined by the REAP Guidelines.

I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Dealer Representative Printed Name | for | Company Name

Dealer Representative Signature | Phone Number | Date

Applicant Certification

I certify that the equipment described above will be:

1. Utilized to apply nutrients at variable rates across crop fields in accordance with data input from maps or optical sensors.

2. Maintained for the designated lifespan of the equipment, which is 3 years.

3. Utilized by the owner/operator on an agricultural operation that is identified in this application.

I understand that REAP-eligible costs will be capped at $80,000 per precision nutrient application equipment purchase and at $80,000 per PUK purchase.

I understand that precision components on manure spreaders and granular fertilizer carts are not eligible for REAP tax credits.

I understand that autosteer is not eligible for REAP tax credits unless in conjunction with other eligible equipment.

I agree to allow inspections by the State Conservation Commission, its staff, or agents therof to ensure that my operation is maintaining the equipment for its REAP lifespan; and is utilizing the equipment as intended by the Commission.

I agree to provide to the SCC the information requested below concerning my operation.

I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Please provide the following information:

Acres planted no-till annually: _____ acres

Acres of cover crops planted annually: _____ acres

Acres that receive automated precision application of nutrients annually: _____ acres

Applicant Name | Applicant Signature | date

REAP Drone Equipment Certification

****For more information, refer to REAP Guidelines Att 2****

Dealer Certification

Equipment Information

Model Year | Make & Model

Serial Number(if applicable)

The equipment is: New* ☐ Used ☐

*demo equipment is considered "new"

Purchase Price $

Delivery Date/Expected Delivery Date

I certify that the drone planting equipment described above meets the following conditions:

1. The equipment is capable of broadcasting cover crop seeds; including multi-species cover crop mixes.
2. For used equipment, all wear items meet or exceed manufacturer's guidelines for wear replacement parts.
3. The purchase agreement includes setup by a qualified representative of the dealership.
4. I have no conflict of interest as defined by the REAP Guidelines.

I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Dealer Representative Printed Name | for | Company Name

Dealer Representative Signature | Phone Number | Date

Applicant Certification

I certify that the drone equipment described above will be:

1. Utilized consistent with the provisions of a current Ag E&S plan.

2. Maintained for the designated lifespan of the equipment (7 years for new equipment and 3 years for used equipment).

3. Utilized on an agricultural operation that is identified in this application.

I understand that REAP-eligible costs will be capped at $20,000 per drone.

I agree to allow inspections by the State Conservation Commission, its staff, or agents therof to ensure that my operation is maintaining the equipment for its REAP lifespan; and is utilizing the equipment as intended by the Commission.

I agree to provide to the SCC the information requested below concerning my operation.

I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Please provide the following:

Acres planted no-till annually: _____ acres

Acres of cover crops planted annually: _____ acres

Acres that receive automated precision application of nutrients annually: _____ acres

Applicant Name | Signature | date

Project Summary Worksheet

For projects involving: Waste Storage, Heavy Use Area Protection, Animal Mortality Facility

Project Summary

ANIMAL TYPE: _____

ANIMAL #s: _____ _____
prior to construction of BMP | post-contruction (or planned post-constuction)

Brief Project Description:

Resource Concerns:	BMPs:	Implementation schedule:

1	Is the BMP listed in your current Ag E&S Plan or Nutrient/Manure Management Plan?	YES ☐	NO ☐
2	Has a USDA/NRCS, Conservation District, or SCC tecnician been involved in developing an Inventory & Evaluation of the resource concerns; and/or involved in designing relevant BMPs to resolve the issue?	YES ☐	NO ☐
	If yes, who assisted you: _____		
3	Is the BMP part of a new animal facility?	YES ☐	NO ☐
4	Is the HUAP/ Waste Storage Facility roofed?	YES ☐	NO ☐
5	Is the BMP used for storage of food processing residual waste (FPR)?	YES ☐	NO ☐
6	How many days of the year are your dairy/beef cattle out on pasture (if applicable)?	_____	

Applicant Certification

I certify that I understand the following:

1. A BMP must treat an existing resource concern to be eligible for REAP tax credits.
2. REAP-eligible costs may be reduced for operation expansions over 25%.
3. A roofed BMP may only be used for its intended purpose, as defined by the Commission, for the REAP lifespan of the BMP.
4. REAP-eligible cost of sand separation facilities is capped at $80,000. Manure scrapers and flush systems are not eligible for REAP tax credits.
5. An operation is considered “new” within 2 years of the date of construction and therefore subject to policies regarding existing resource concerns and expansion within that timeframe.
6. Slatted floors are not considered to be part of the waste storage.
7. Roofed HUAP used for tie-stall/stanchion management systems is not eligible for REAP tax credits.

I affirm the foregoing to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Applicant Name _____ Signature _____ Date _____

REAP Cover Crop Worksheet

****For more information, refer to REAP Guidelines Att 3****

Cover crops are annual crops that are planted in crop fields to reduce erosion, control weeds, use excess nutrients, and to increase organic matter levels of the soil.

1. REAP-eligible costs for single-species cover crop is capped at $50/ac. REAP-eligible costs for multi-species cover crop is capped at $70/ac.
   * REAP-eligible cost for seed grown on the applicant's operation is capped at $12/bu.
2. To qualify as a multi-species cover crop, the seed mix must consist of annual grass species plus a minimum of 2 broadleaf species; in which the cumulative seeding rate of the grass species does not exceed 1.5 bu/ac; and includes a minimum of 5 lbs/ac of each of the broadleaf species.
3. Total REAP-eligible costs are capped at $70,000 per applicant per round.
4. Crops that are mechanically harvested for grain or forage are not eligible for REAP tax credits.

Please submit the following with invoices/receipts upon completion of planting each cover crop season.

Planting Information:

Acres	Single Species	Multi-Species	Planting Date	(Est.) Planting Date & Method (drill, broadcast, drone)	(Est.)Termination Date & Method (herbicide, roller/crimper)
	☐	☐			
	☐	☐			
	☐	☐			
	☐	☐			
	☐	☐			

Additional Notes (if necessary):

Applicant Certification: *(subject to spot-check by State Conservation Commission)*

I certify the following:

1. _____ acres (total) of cover crops were planted on the locations covered by this job sheet.
2. No other public funds were received for the cover crops listed in this REAP application.

* I agree to allow inspections by the State Conservation Commission, its staff, or agents therof to verify that the cover crops planted by the REAP applicant meet the definition and intent for the BMP as set forth in the REAP Guidelines.
* I affirm the information provided on this form is true and correct; and make these statements subject to the penalties of 18 PA.C.S.A 4904, relating to unsworn falsification to authorities.
* I affirm the information submitted in the receipts/invoices (submitted upon completion of planting) is true and correct; and make these statements subject to the penalties of 18 PA.C.S.A 4904, relating to unsworn falsification to authorities.

_____

Signature Date

REAP Buffer Worksheet

PROJECT LOCATION: (PLEASE INCLUDE PROJECT SITE MAP)

street

city *state* *zip*

county *township*

Latitude: *Longitude:*

Are you applying for the REAP No-Till Equipment Buffer Incentive? ☐ Yes ☐ No

Which incentive are you applying for? ☐ Riparian Forest Buffer ☐ Integrated Erosion/Habitat

1. Riparian Forest Buffer

INSTALLATION DATE:_____ ☐ proposed

BUFFER CHARACTERISTICS:

Waterbody: ☐ Stream ☐ Pond/Lake ☐ Wetland ☐ UNT

Stream Name (if applicable): _____

Adjacent Land Use: ☐ crop ☐ pasture ☐ other

Side 1: Length of buffer (ft)_____ Width of buffer (ft)_____

Side 2: Length of buffer (ft)_____ Width of buffer (ft)_____

Source of Technical Assistance:

NRCS ☐ DCNR ☐ Conservation District ☐ TSP ☐

NGO ☐ Other ☐

Has the buffer implementation been certified by a qualified technician? ☐ Yes ☐ No

If yes, please include the certification or complete p16 of the REAP application.

2. Integrated Erosion Control & Habitat Area

INSTALLATION DATE:_____ ☐ proposed

CHARACTERISTICS:

Filter Strip (393) ☐ Field Border(386) ☐ Wildlife Habitat (420) ☐

Conservation Cover Areas (327) ☐ Windbreak/Shelterbelt Establishment (380) ☐

Adjacent Land Use: ☐ crop ☐ pasture ☐ other

Dimensions: Length(ft) Width(ft)

Area (ac.)

Source of Technical Assistance:

NRCS ☐ DCNR ☐ Conservation District ☐ TSP ☐

NGO ☐ Other ☐

Has the buffer implementation been certified by a qualified technician? ☐ Yes ☐ No

If yes, please include the certification or complete p16 of the REAP application.

REAP Riparian Foest Buffer Maintenance Worksheet

PROJECT LOCATION: (PLEASE INCLUDE PROJECT SITE MAP)

street		
city	*state*	*zip*
county	*township*	
Latitude:	*Longitude:*	

1. Riparian Forest Buffer Information

INSTALLATION DATE:_____ proposed ☐

BUFFER CHARACTERISTICS:

Waterbody: Stream ☐ Pond/Lake ☐ Wetland ☐ UNT ☐

Stream Name (if applicable): _____

Adjacent Land Use: crop ☐ pasture ☐ other ☐

Side 1: Length of buffer (ft)_____ Width of buffer (ft)_____

Side 2: Length of buffer (ft)_____ Width of buffer (ft)_____

Source of Technical Assistance:

NRCS ☐ DCNR ☐ Conservation District ☐ TSP ☐

NGO ☐ Other ☐

Has the buffer implementation been certified by a qualified technician? Yes ☐ No ☐

2. Riparian Forest Buffer Maintenance Activities (please check all that apply)

The following is a list of typical maintenance activities for a newly planted riparian forest buffer. For additional maintenance activities, please check the box for "Other" and provide a brief description.

☐ **1. Herbicide application**
Apply broad-spectrum herbicide to protect trees from rodents and reduce competition by other plants; ideally spray 3' strips along shelters or 4' circle spots.

☐ **2. Mowing**
Mow between rows at least twice between June and late September to prevent weeds going to seed and reduce existing vegetation competition. If rodent population is high, reduce habitat by mowing additional three years in the fall only (see herbicide application above).

☐ **3. Replacement plantings**
First identify and address the cause of losses (most commonly voles and other rodents), replant any areas with significant losses to reinforce tree stocking to desired levels; check natural regeneration for potential free recruitment of trees.

☐ **4. Flooding**
If riparian forest buffer site floods check within one week of any flood, straighten and reposition or replace shelters and stakes if need be - downed tubes will pin and kill trees and invite rodent damage.

Other:

REAP Construction Certification Form

* There is no need to complete this form if certification for your project's BMPs has been provided by another funding program. Please include copies of those BMP certification forms with your REAP application.
* Please use pp8-11 for equipment. Please use p13 for cover crops.

APPLICANT NAME:	REAP ID #(if applicable):

BMP(s) completed:

Please provide appropriate units of measure for each BMP installed. (e.g. ft, sq ft, cu ft, acres, etc.)

BMP and units:	**BMP and units:**

BMP Completion Certification - Conservation District technician, NRCS technician, or TSP.

I certify the following:

* To the best of my knowledge, the BMP(s) listed above have been installed to meet the requirements of the REAP Program Guidelines; and that the project design meets or exceeds the design standards and specifications set forth by the Commission - listed in the REAP Guidelines (Attachment 1).
* I have the appropriate job approval authority from NRCS, or PAS certification, or the appropriate job experience as approved by the Commission, to certify this project. Please state which certification on the Title/Org line.
* I have no conflict of interest as defined by the REAP Guidelines.

Name (printed)	Title/Organization/Certification
Signature	Date

~OR~

BMP Completion Certification - Registered Professional Engineer

I certify the following:

* To the best of my knowledge, the BMP(s) listed above have been installed to meet the requirements of the REAP Program Guidelines; and that the project design meets or exceeds the design standards and specifications set forth by the Commission - listed in the REAP Guidelines (Attachment 1).
* I have no conflict of interest as defined by the REAP Guidelines.

Name (printed)

Title/Organization

Signature Date

Registered Professional Engineer's Seal

REAP Sponsorship Addendum Agreement

Owner/Operator Certification

By signing below, I certify the following:

1. To the best of my knowledge, the BMP project meets the eligibility requirements set forth in the REAP Guidelines.
2. To the best of my knowledge, my operation meets the eligibility requirements set forth in the REAP Guidelines.
3. To the best of my knowledge, _____, acting as a sponsor for this project through the PA REAP Program, is eligible to receive PA REAP tax credits upon completion of the BMP project.
4. An agreement exists between the sponsor and the owner/operator regarding financial reimbursement for the REAP tax credits (e.g. the sponsor pays invoices directly or the sponsor reimburses the owner/operator).
5. I understand that I, the owner/operator, am solely responsible to comply with all the provisions of the PA Resource Enhancement and Protection Tax Credit Program; and that I am considered the “property owner” for purposes of compliance with provisions set forth in section 1703-E of the REAP statute (72 P.S. § 8703-E).
6. I understand that I, the owner/operator, am solely responsible for maintenance of the project for the entire REAP lifespan of the BMP.
7. I understand that I, the owner/operator, am ineligible to receive PA REAP tax credits for costs associated with the implementation of the same project.
8. I understand that all projects authorized through the PA REAP Program may be subject to inspection by the Commission.

Owner/Operator Name | Signature | date

Sponsor Certification

By signing below, I certify the following:

1. To the best of my knowledge, I understand that I, acting as a sponsor for this project through the PA REAP Program, meet the Commission's definition of an "eligible applicant" set forth in section 1702-E of the REAP statute.
2. An agreement exists between the sponsor and the owner/operator regarding financial reimbursement for the REAP tax credits (e.g. the sponsor pays invoices directly or the sponsor reimburses the owner/operator).
3. I understand that REAP tax credits are awarded upon the completion of the project.
4. I understand that funding reserved for proposed project is based on estimates; and the final amount awarded will be based on invoices and receipts submitted upon completion of the project.
5. I understand that the owner/operator of the BMP project is solely responsible for maintenance of the project for the entire REAP lifespan of the BMP.

Sponsor Name | Signature | date