



2019 Delaware River WRAPS Soil Health Project Application

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785-284-3422

To be considered by Delaware River Watershed Restoration and Protection Strategy (WRAPS), please fill out the information below.
Email or print and mail the completed application form to the email or P.O. Box address above.

Project Proposal for Financial Assistance

Date: [ ]

Landowner: [ ]
Mailing Address: [ ]
Phone # [ ] Email Address: [ ]

Questions? Need help?
The WRAPS Coordinator can help you complete this application - call 785.284.3422; Refer to the Delaware WRAPS 2019 Soil Health Financial Assistance Program fact sheet for program details at: http://delawarewraps.com/Cost\_Share.html

Is project being requested by Landowner? YES or NO: [ ]
Person Requesting Assistance (if not landowner): [ ]
Mailing Address: [ ]
Phone # [ ] Email Address: [ ]

County in which project is located: [ ]
HUC (Hydrologic Unit Code) - if known: [ ]
Legal Description where project will be installed: [ ]
Distance to & name of nearest water body: [ ]

Priority Areas & Project Eligibility
Delaware WRAPS cost share is limited to designated priority areas. Contact the WRAPS office for further information.

Describe your current cropping program including any soil health practices being utilized:

[ ]

Include a Map
Include a map showing the location of your proposed project.

Describe the primary resource objectives to be achieved from the project (e.g. erosion control, increased organic matter, enhanced infiltration, reduced runoff, weed suppression):

[ ]

Practices & Cost Share Rates
Contact the WRAPS Coordinator for information on eligible management practices and current cost share rates.

Please answer the following questions for the crop field(s) where practice(s) will be installed:

[ ] Has a Highly Erodible Land (HEL) determination been made on the field(s)? (Yes or No)
[ ] Have any of the fields been sobusted (converted from grassland to cropland) after 1985? (Yes or No)
[ ] If Yes, what year did the conversion occur?

If the affected crop field(s) will be used for livestock grazing, please answer the following:

[ ] Number of livestock affected
Type of livestock: [ ]
[ ] Do you have a livestock waste permit, registration or certification? (Yes or No)
If yes, describe: [ ]
[ ] Will cover crops be used to eliminate/reduce feeding hay/forage in this field, other winter feeding site or livestock lot?(Yes or No)
[ ] Will livestock be fenced out of adjacent water bodies while the field is grazed?(Yes or No)
Water source for livestock grazing cover crops: [ ]

How will you assist with public awareness and education related to your project? (check all that apply):

[ ] Post a sign at your site identifying project & funding
[ ] Visit with neighbors about your project and/or give testimonials
[ ] Speak at a field day or tour about your project
[ ] Host a field day or tour at your farm to showcase the project
[ ] Attend workshops, field days or tours hosted by the sponsoring agency
[ ] Other (please explain) [ ]

**Indicate the financial assistance option being requested (Tier 1 or Tier 2)**

**\*\*See the Delaware WRAPS 2019 Soil Health Financial Assistance Program fact sheet for Tier 1 and Tier 2 details\*\***

**\*\*Application Deadlines: Tier 1 - October 1, 2019; Tier 2 - September 2, 2019 \*\***

**Please complete for Tier 1 - Cover Crop Project:**

Number of acres to be planted to a cover crop \_\_\_\_\_

What tillage method is used on the field(s) where the cover crops will be planted (check one)? no-till \_\_\_\_\_  
 minimum till \_\_\_\_\_ conventional till \_\_\_\_\_ other (describe) \_\_\_\_\_

List species of cover crop to be used: \_\_\_\_\_

Crop planted prior to cover crop planting: \_\_\_\_\_

When will the cover crop be planted? \_\_\_\_\_

What seeding method will be used to plant the cover crop? \_\_\_\_\_

How will the cover crop be terminated? \_\_\_\_\_

Crop to be planted following cover crop: \_\_\_\_\_

Name of the Operator (if not the landowner): \_\_\_\_\_

Is this the first time the Operator has planted a cover crop? (Yes or No) \_\_\_\_\_

If No, has the Operator planted cover crops within the past 3 years (Yes or No)? \_\_\_\_\_

Has the Operator received cost share for planting a cover crop before?(Yes or No) \_\_\_\_\_

If Yes, when was the cost share received previously? \_\_\_\_\_

Was the cost share from the Delaware River WRAPS?(Yes or No) \_\_\_\_\_

**Please complete for Tier 2 - Soil Health Project (additional information may be requested):**

Number of acres to be enrolled (20 acre minimum; 100 acre maximum) \_\_\_\_\_

Does your current crop rotation include a summer harvested small grain (e.g. wheat)? (Yes or No) \_\_\_\_\_

Describe your current crop rotation: \_\_\_\_\_

What crop is currently planted in the field to be enrolled? \_\_\_\_\_

Are you currently using continuous no-till for your cropping program? (Yes or No) \_\_\_\_\_

If yes, how many years have you been using no-till? \_\_\_\_\_

Are you currently using cover crops in your cropping program? (Yes or No) \_\_\_\_\_

If Yes, how many years have you been using cover crops? \_\_\_\_\_

Are you willing to develop a soil health plan in consultation with a technical service provider? (Yes or No) \_\_\_\_\_

Will you be requesting financial assistance from other programs for soil health practices on this field? (Yes or No) \_\_\_\_\_

If Yes, indicate the programs to be utilized: \_\_\_\_\_

*Please sign and date below to verify that you wish to apply for funding through Delaware WRAPS and that all information provided is accurate.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**What happens after I send in my application?**

*Delaware WRAPS funding decisions are made by a Stakeholder Leadership Team (SLT) comprised of local producers & natural resource professionals. The SLT meets every 6-8 weeks and you will be notified of the status of your funding request after SLT review. If approved, you will receive a contract that you will sign and return to the Delaware WRAPS. You will be responsible to arrange for technical support, hire necessary contractors to complete your project by the contract deadline and document all project costs. It is up to you to notify the Delaware WRAPS when the project has been completed in compliance with all contract requirements and to submit your receipts for all project costs. The cooperators will be reimbursed for the approved WRAPS funding as shown in the contract, or the agreed upon percentage of actual costs, whichever is less.*