

# CENTRAL BASIN CREP PROGRAM

## Application for Participation

Name of Landowner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ or Tax Identification Number: \_\_\_\_\_  
 Natural Resources District: \_\_\_\_\_ County: \_\_\_\_\_  
 Farm Number: \_\_\_\_\_ Tract Number: \_\_\_\_\_

### Site Information

				A	B	C
Site	Section	Township	Range	Buffer Strip Acres	Stream Length	Total Buffer Length
1						
2						
3						
4						
<b>Totals</b>						

- A. Enter acres offered in filter strips or riparian buffers.
- B. Enter length of stream protected by buffer or distance around wetlands or permanent bodies of water.
- C. Enter total length of buffers (for streams with buffers on both sides, total each side of the stream).

### Ten (10) to (15) year contract required (at the option of the NRD).

Enter \$/acre/year, practice establishment date, and contract expiration date.

FSA/CREP      \$/acre/year \_\_\_\_\_      Establishment Date \_\_\_\_\_  
 NRD            \$/acre/year \_\_\_\_\_      Contract Expiration Date \_\_\_\_\_  
 Total Dollars    \$/acre/year \_\_\_\_\_

**Total does not include other payments from FSA.**

- Aerial Photo – Identify the boundary of each buffer strip in ink. List the length, average width, and acres for each buffer strip on the photo. Highlight each buffer strip with a yellow highlighter. A yellow highlighter facilitates any needed photocopying.
- USGS Quadrangle Map – With a yellow highlighter, highlight perennial and seasonal streams that are associated with the buffer strips. Do not put any ink or pencil marks on the USGS maps. For streams not shown on USGS quadrangle maps, describe the conditions that make the buffer strips eligible in the remarks section below.

**Remarks:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I certify that the above information is true, and I understand that if this application is approved, I will be required to enter into an agreement with the above named Natural Resources District. I permit access to the NRD to FSA records for the land under contract for planning, inspection, and reporting purposes.**

Landowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participation in this program is contingent upon review and approval of this application and the availability of funds.