

FY-2004 LOUISIANA EQIP RANKING FORM

Applicant Information	
Name: _____	Date of Application: _____
Address: _____	
Application No.: _____	Farm No.: _____ Tract No.: _____
Land Use: _____	Application Acres: _____

A. Significant Application Evaluation Questions (For each question, YES = 1 point ; No = 0 Points)

(NOTE: Some questions are two-part. Yes must be answered to <u>both</u> parts in order to get 1 point)	Points
1) Are the offered acres within the drainage area of a stream segment or waterbody that is designated by the State Water Quality Management Plan (305(b) report) as "Not Fully Supporting" its designated use due to agriculture, <u>AND</u> , will the cost-shared treatment improve the water quality of runoff from the offered acres? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
2) Do the offered acres consist of a predominance of soil with a surface layer K factor equal to or greater than .43, <u>AND</u> , will the cost-shared treatment reduce soil erosion? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
3) Will the planned treatment assist the applicant in complying with Federal or State Environmental Laws? (Confined Animal Feeding Operations <u>ONLY</u>) YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
4) Are the offered acres within the drainage area of a scenic stream (that portion designated by the State as scenic) <u>AND</u> , will the cost-shared treatment reduce non-point-source pollution? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
5) Are the offered acres within a parish listed as significant Threatened and Endangered (T&E) Species Habitat, <u>AND</u> , does the cost-shared treatment include targeted practice(s) that will benefit the identified T&E habitat? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
Sub Total A	

B. Practices Providing Environmental Benefits

(List applicable benefiting practices and designated points from the Practice Benefits Matrix)

	Points
Sub Total B	

C. Total Points	Total A + B	
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D. Cost-Shared Practices Requested

Conservation Practice (name and number)	Practice Extent

Remarks:

E. Acknowledgement and Signatures

I have applied for EQIP funding on the above practices. These practices are not part of my normal farming operation and I am not requesting EQIP Payments for practices currently within the lifespan of previous federal cost-share practice payments. I have reviewed and agree with the above ranking score for my EQIP Application. I acknowledge that this form is not an authorization for me to begin application of the requested conservation practices.

(Applicant Signature)

(DATE)

(Designated Conservationist Signature)

(DATE)

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