

ARKANSAS ASSOCIATION OF CONSERVATION DISTRICTS (AACD)	1. Name of Primary Operator	(Autofill application number)	
APPLICATION/CONTRACT FOR FERAL SWINE PERIMETER FENCE EXCLUSION ADMINISTERED BY AACD	2. State	3. County	
	4a. Farm Service Agency Farm Serial Number	4b. I do not have an FSA farm number but will obtain one.	

5. OPERATION CHARACTERISTICS (CHECK ALL THAT APPLY)

A. Sows/pigs	B. Feeder pigs	C. Specialty Crop	D. Other (please specify)
E. Total Number of Domestic Swine Animals to be Protected:.			
F. Total Number of Specialty Crop Acres to be Protected:			

6. PLANNED CONSERVATION PRACTICES

A. Select all practices you plan to enroll in program (NRCS practice code in parentheses)	B. Field Number(s)	C. Tract Number(s)	D. Number of Linear Feet You Plan to Install	E. Planned Installation Date (Month and year)	F. Number Domestic Swine Protected	G. Number Specialty Crop Acres Protected	
Sow/pigs Feral Swine Perimeter Fence Exclusion (382)							
Feeder Pigs Feral Swine Perimeter Fence Exclusion (382)							
Specialty Crops Feral Swine Perimeter Fence Exclusion (382)							
Other Feral Swine Perimeter Fence Exclusion (382)							

7. DEMOGRAPHICS - Check all boxes that apply (Definitions in instructions)

Socially Disadvantaged Producer	Primary Operator	Other Applicant
Female Producer		
100% Women-Run Operation		
Limited Resource Producer		
Beginning Producer		
Small Operation (Gross cash farm income under \$250,000)		
Veteran Producer (if applicable, enter date of discharge): Date _____		
None of the above		
Prefer not to state		

8. APPLICANT'S CERTIFICATION

The applicant has read and certifies the below:

Initial every box

To be contacted via email or phone regarding this application.	
The practices checked in section 6 will be installed according to Natural Resources Conservation Service standards.	
To provide a farm map of the practice location.	
To read and understand additional materials you will receive if the application is approved.	
To have control of the land for the term of the contract.	
To retain receipts and records pertaining to the installation of the practice for 5 years following date of approval.	
To furnish all required information before receiving payment.	
That failure to meet the terms and conditions of the application and accompanying documents may require refund of payments.	
Enrollment is not guaranteed and is subject to funding and eligibility verification;	
That the applicant is not a foreign person or entity.	
The information on this application is true and correct.	

9. APPLICANT(S) SIGNATURE

A. Name of Primary Operator	B. Address	H. Name	I. Address
C. Telephone #	D. Email	J. Telephone #	K. Email
E. Signature	F. Date	L. Signature	M. Date
G. Division of payment (%):		N. Division of payment (%):	

Privacy Act Statement: The above statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. Section 522a). Furnishing this information is voluntary; however, failure to furnish

10. SUBMITT APPLICATION TO THE FOLLOWING E-MAIL ADDRESS: ExclFenceArfs@Att.Net

11. CONSERVATION DISTRICT (For State Use Only)

Name:	Signature:	Title:	Date
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12. ARKANSAS ASSOCIATION OF CONSERVATION DISTRICTS APPROVAL (For State Use Only)

Date of Application Submission:						
Name:	Signature:	Title:	Date			
	APPROVE			DISAPPROVE		

Field Name	Instruction
Question 1	Enter the name of the primary operator who is authorized to make decisions pertaining to the farm operation.
Question 2	Enter Arkansas.
Question 3	Enter the County where the operation is located.
Question 4a	Enter the Farm Service Agency Farm Serial Number for the operation. If not available or if you do not yet have an FSA number, contact your FSA county office at: https://offices.sc.egov.usda.gov/locator/app to obtain one.
Question 4b	Select box if you do not yet have a Farm Service Agency Farm Serial Number
Question 5 A-D	Mark the appropriate boxes to indicate each operation you currently have on your farm.
Question 5 E	Enter Number of Domestic Swine
Question 5 F	Enter total number of Specialty Crop acres to be protected
Question 6A	Select purpose as applicable to his farm.
Question 6B	Enter FSA Field number, as applicable.
Question 6C	Enter FSA Tract number, as applicable.
Question 6D	Enter the linear feet you plan to install, as applicable.
Question 6E	Planned installation date, both Month and year, as applicable
Question 6F	Number of Domestic Swine protected, as applicable
Question 6G	Number of Specialty Crop acres protected.
Question 7	<p>If applicable, mark the appropriate box(s) for each applicant meeting one or more of the definitions for the categories below. Applicants that mark Veteran Farmer or Rancher must also provide the date of discharge.</p> <p>Socially Disadvantaged Producer – The term “Socially Disadvantaged” means an individual or entity who is a member of a socially disadvantaged group. For an entity, at least 50 percent ownership in the farm business must be held by socially disadvantaged individuals. A socially disadvantaged group is a group whose members have been subject to racial or ethnic prejudice because of their identity as members of a group without regard to their individual qualities. These groups consist of the following:</p> <ul style="list-style-type: none"> • American Indians or Alaskan Natives • Asians • Blacks or African Americans • Native Hawaiians or other Pacific Islanders • Hispanics. <p>100% Women-Run Operation -- The term "100% Women-Run Operation" means a farming or ranching operation that is operated solely by women producers.</p> <p>Limited Resource Producer – The term “Limited Resource Producer” means a participant:</p> <ul style="list-style-type: none"> • With direct or indirect gross farm sales not more than the current indexed value in each of the previous two years, and • Who has a total household income at or below the national poverty level for a family of four, or less than 50 percent of county median household income in each of the previous two years. <p>A legal entity or joint operation can be a Limited Resource Farmer or Rancher only if all individual members independently qualify.</p> <p>A Self-Determination Tool is available to the public and may be completed online or printed and completed hard copy at: https://lrftool.sc.egov.usda.gov/</p>
Question 8	Read and initial each box to certify. All boxes must be initialed or application is not complete.

Questions 9A 9H	Enter name of primary operator in box 9A and other applicant with a share of the payments in box 9H.
Questions 9B and 9I	For each applicant, enter mailing address.
Questions 9C and 9J	For each applicant, enter the telephone number.
Questions 9D and 9K	For each applicant, enter the email address.
Questions 9E and 9L	Each applicant must sign their names.
Questions 9F and 9M	Date of signing application.
Questions 9G and 9N	Enter the percentage of payments to be allocated to each applicant. Shares must total 100%.
Block 10	Submit Allipcation to thgis e-mal address
Block 11	By Others
Block 12	By Others