Farm Agronomic Practices (FAP) Claim for Payment Form

Farm:				_	Year:	
* Complete the table below and submit with corresponding map(s) no more than 30 days after practice implementation to indicate where implementation of eligible practices occurred. Please ensure that the field names/numbers listed match the field labels on the accompanying maps. * The State retains the right to refuse payment for claim forms submitted late or for fields missing maps. * You cannot receive duplicative funding (for the same practices on the same fields) from NRCS and VAAFM. Do not include NRCS-funded practices on this claim form. * Fill out a seperate, specialized claim form for Rotational Grazing.						
	ap Name/ act Number	Field Name/Number	Crop	Acres	Rate (per acre)	Manure Rate recommended in NMP
f practice E.g. Drilled cover Mostallation the	ap where e field is	Where practice occurred. Field ID listed must correspond with maps.	Current crop type on field	Acres of practice installed	Manure/fertilizer or seeding rate	ONLY required for manure injection
Total FAP-Eligible Acres Claimed:				Note: acres mapped by AAFM may differ up to 5%		
By signing/typing my name Grantee Signature:	below, I ce	rtify that the fields liste	ed above meet	FAP requirem Date:	ents for practice	e payment.