Grantee Name:	Grantee Farm:								
FAP Progra	FAP Program: Fill out this section if you have an active FAP grant that you are claiming in the form below								
Complete the table below and submit with corresponding map(s) within 30 days after practice implementation occurred or the State cannot guarantee payment. There is a seperate claim form for Rotational Grazing. You cannot receive duplicative funding (for the same practices on the same fields) from NRCS and VAAFM.									
FAP Grant ID:	02200-WQ-FAP-	FAP- This ID # is listed on the top of your grant agreement.							
CEAP Program: Fill out this section if you have an active CEAP grant that you are reporting below for Annual Usage									
Annual Usage Reports for equipment purchased with CEAP funds are due by January 15th for the first three seasons of the grant. Electronic record outputs are <b>required</b> in place of this form for any grants that require use of, or provide funding towards precision manure record keeping system [GPS, Flow Meter & Display Unit]. For grants that do not, electronic records are acceptable in place of the annual usage report if available and only when electronic records contain all the information below. This report should include all usage within the calendar year.									
CEAP Grant ID: 02200-WQ-CEAP-  Calendar Year of Report:  This ID # is listed on the top of your grant agreement.					reement.				
Primary Equipment Make/Model:									
Precision Ag Component:		Leave blank if not applicable.							
Acreage Goal from Grant Agreement:  Acreage Goal met? (Y/N)  If no, please attach written justification indicating why goal was not met								s not met	
Date	Practice	Map Name/Farm	Field ID	Crop	Acres	Rate (per acre)	FAP	CEAP	
Of equipment use/practice installation	Conservation practice installed	Indicate farm operation if not grantees farm.	Labels must correspond with maps.	Current crop type on field	Total acres applied	Manure/fertilize r application rate or seeding rate	Eligible for FAP? (Y/N)	Used CEAP equipment? (Y/N)	

Date	Practice	Map Name/Farm	Field ID	Crop	Acres	Rate (per acre)	FAP	CEAP
Of equipment use/practice installation	Conservation practice installed	operation if not	Labels must correspond with maps.	Current crop type on field	Total acres applied	Manure/fertilize r application rate or seeding rate	Eligible for FAP? (Y/N)	Used CEAP equipment? (Y/N)

Date	Practice	Map Name/Farm	Field ID	Crop	Acres	Rate (per acre)	FAP	CEAP
				_		_		
Reported Acres (from Field Acres & Program above):						Total CEAD	A awa a :	
*We don't have your FSA maps, so acres mapped by AAFM may differ.					Total CEAP Acres:			
DO NOT FORGET TO SUBMIT MAPS OF EACH FIELD WHERE THE EQUIPMENT WAS USED OR PRACTICE WAS INSTALLED.								
PLEASE ENSURE THAT ALL MAP LABELS CORRESPOND TO MAP/FARM NAMES AND FIELD IDS LISTED ABOVE.								
I certify that the information contained on this form is, to the best of my knowledge and belief true, accurate, and complete.								
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Grantee Signature				- '	Date of submission to Grant Manager			

Submit via email to:

AGR.WaterQuality@Vermont.gov

Submit via mail to:

VT Agency of Agriculture, CEAP Program 116 State Street, Montpelier VT 05620