



Application No.: _____
(Grantor Use Only)

**ANIMAL WASTE FERTILIZER CONVERSION COST SHARE PROGRAM
INITIAL PHASE I SCREENING APPLICATION**

Screening Application Information		
Legal Applicant Name (“Applicant”):		
Applicant Entity Type (Circle One):		
Individual/Sole Proprietor Single-Member LLC Multi-Member LLC (Partnership) Multi-Member LLC (S-Corp) Corporation (C-Corp) Corporation (S-Corp) Partnership Trust/Estate Other, please specify: _____		
State of Residency/Formation:	Applicant TIN/EIN:	Do you Lease or Own the Feedstock Premises? (Circle One) <p align="center">Lease / Own / Not Applicable</p> Lease Expiration Date (if applicable): _____ Landlord: _____ (if applicable)
Please Provide Contact Information For 3 References on Table B-4		
Contact Person:		
Principal Office Street Address:		
Street: _____		
City, State, Zip: _____		
County: _____		
Contact Mailing Address:		Do you Lease or Own the Fertilizer Equipment Premises? (Circle One) <p align="center">Lease / Own / Not Applicable</p> Lease Expiration Date (if applicable): _____ Landlord: _____ (if applicable)
Street: _____		
City, State, Zip: _____		
County: _____		
Contact Phone:		
Contact Email:		
Feedstock Source (Circle All That Apply):		
Cattle (Dairy) Cattle (Beef) Bison Sheep Swine (Farrow to Finish) Swine (Farrow to Wean) Swine (Nursery) Swine (Finishing) Goats Farmed Cervids (Describe Type: _____)		

Steady State Live Weight (lbs) (Use Table B-1 if more than 1 Feedstock Source): _____	
Number of Farms Involved in Project (Circle One): Single Multiple (No. _____)	If multiple Farms, where will project activities be located (Circle One): On-Farm Off-Farm Processing Site Other, please define:
If Single On-Farm, Farm Address (if different): Street: _____ City, State, Zip: _____ County: _____	<i>If Multiple On-Farm or Off-Farm Processing Sites, please fill in Table B-1 for each Processing Site.</i>
Is Applicant Applying for any other cost share funding or subsidies for the project? If yes, provide details: 	
<i>(continues on next page)</i>	

Project Type Information	
General Description of Project and Goals to Accomplish (Attach Additional Pages as Necessary):	
Is the Applicant the Sludge Originator? (Circle One, if No, Please Complete Exhibit B-2) Yes No	Routine Maintenance or Lagoon Closure? (Circle One) Routine Maintenance Lagoon Closure
Estimated Annual Total Volume of Wet Sludge to Be Processed. For slurry, use gallons, for sludge, use cubic yards:	Estimated Tons of Sludge Solids to be Processed:
Type of Project (Circle All That Apply): Wet Sludge Removal Drying of Sludge Post-Process Fertilizer Production Transportation of In-Process Product for Further Refinement Other (Please Specify: _____)	
Describe the method and frequency of removal of sludge:	Does the feedstock undergo on-farm processing prior to transport to secondary processing, such as dewatering, storage, etc.? (Circle One) Yes No *If Yes, specify on Table B-3
Method of Transport for Processing:	Method of Transport for Post-Processing:
Do you introduce amendments to the wet sludge? (Circle One): Yes No If Yes, please list types and quantities of amendments: _____	
Type of End Product (Circle All That Apply): Product for Further Processing Soil Additive Fertilizer Other (Please Specify: _____)	
If the End Product is a Fertilizer/Soil Additive, how does it meet state and federal requirements (Check All That Apply): ____ Animal Waste Residuals Management, 15A NCAC 02T.1310 ____ North Carolina Soil Additives Act of 1977: https://www.ncagr.gov/plant-industry/laws-and-rules ____ North Carolina Commercial Fertilizer Law: https://www.ncagr.gov/plant-industry/laws-and-rules ____ North Carolina Fertilizer Standard, 02 NCAC 48B.0101 ____ Other, Please Specify: _____	

Technology and Purchaser Information	
Please Indicate the Current State of Technology Proposed for the Project (Circle All that Apply):	
<p>Early Development – Not Yet Demonstrated Pilot Scale – Demonstrated at One Site</p> <p>Full Scale – Demonstrated on Multiple Sites</p>	
How is the Fertilizer / Soil Additive / Other Product Being Sold or Marketed?	
Method of Distribution / Point of Sale:	
Purchaser(s) (If Known):	Signed Agreement(s) with Purchaser (Circle One):
	<p>Signed Agreement In Negotiation</p> <p>No Signed Agreement or Negotiations</p>
If No Signed Agreement or In Negotiations, please explain, including counterparty, likelihood of signed agreement, commitment to purchase, etc.:	

Applicant hereby applies for eligibility screening for cost-sharing assistance under the Fertilizer Conversion Cost Share Program (the “*Cost Share Program*”) sponsored by the N.C. Foundation for Soil and Water Conservation, Inc. (the “*Grantor*”). If any required responses do not fit above, Applicant will attach additional pages as necessary. THIS SCREENING APPLICATION AND CONSIDERATION THEREOF, INCLUDING ANY CONSULTATION WITH APPLICANT OR THIRD PARTIES, DOES NOT GUARANTEE COST SHARE APPROVAL OR OBLIGATE GRANTOR TO (I) PROVIDE ANY COST SHARE FUNDING OR ANY SPECIFIC AMOUNT OF COST SHARE FUNDING OR (II) ENTER INTO ANY COST SHARE PROGRAM CONTRACT OR OTHER CONTRACT WITH APPLICANT. Applicant acknowledges and agrees that the eligibility requirements attached hereto as Exhibit A will be used to determine its eligibility for participation in the Cost Share Program, invitation to submit a Phase II application for acceptance, and acceptance to participate in the Cost Share Program. Grantor may also consider other factors in deciding which Applicants to accept, in its sole and absolute discretion. The amount of any Program Grant, if any, is in the sole and absolute discretion of the Grantors. If Applicant is invited to submit a Phase II application, its participation in the Cost Share Program will be subject in all respects to the execution of and the terms and conditions provided in the Fertilizer Conversion Cost Share Program Agreement entered into by Applicant and the Grantor after final acceptance. For the purposes of developing and implementing this Screening Application, the Applicant listed above hereby authorizes the release of all records that are in custody of the U.S. Department of Agriculture or the North Carolina Department of Environmental Quality and acknowledges that such records and any other information provided to the Grantor may be disclosed to third parties in connection with evaluation of this Screening Application. Applicant represents and warrants that all information provided in this Screening Application is true and correct and is not misleading. Applicant shall execute and deliver such further information, documents and instruments, give such further assurances and perform such acts as may be reasonably required by the Grantor to evaluate Applicant’s eligibility for participation in the Cost Share Program.

Signature of Applicant: _____ **Date:** _____

EXHIBIT A ELIGIBILITY REQUIREMENTS

Applicant accepts the following eligibility requirements and, through submission of this Screening Application, represents and warrants that it satisfies such requirements:

- Applicant hereby certifies that it is in compliance with all laws, regulations, zoning requirements, or other federal, state, and local governmental rules, and has no unpaid taxes, penalties or judgments outstanding. Without limiting the generality of the foregoing, Applicant hereby certifies that it has all necessary permits to conduct its business operations as presently conducted and has provided its applicable permit number(s), expiration date(s), and permitted steady state live weight on Table B-1 attached hereto.
- Applicant must own or operate an anaerobic lagoon or other liquid animal waste management system treating animal waste from livestock operations, which operations consist of cattle, bison, sheep, swine, goats, farmed cervids, or a combination thereof, that generate sludge suitable for conversion into fertilizer products.
- Applicant, the applicable livestock operations, and Applicant's proposed fertilizer conversion equipment must be located within the State of North Carolina.
- If Applicant leases the premises on which the Fertilizer Equipment (as hereinafter defined) or feedstock source farm(s) is/are situated (the "**Premises**"), there is a minimum of five (5) years remaining in the term of the lease.
- Applicant must be prepared to either itself (if Applicant is a contractor duly licensed and insured to operate in North Carolina) or through its own third-party vendors, engineer, permit, acquire, and install the sludge collection and processing equipment needed for the production of fertilizers and other soil additives meeting applicable State and Federal requirements for use in agricultural operations (the "**Fertilizer Equipment**").
- Applicant must be able to meet a direct one to one match for any Cost Share Program grant funds, meaning Applicant must provide a match in cash or in-kind equivalents equal to One Dollar (\$1.00) for every One Dollar (\$1.00) in Cost Share Program grant funds distributed to Applicant by the Grantor upon substantial completion of the Fertilizer Equipment.
- The maximum amount of cost-share that Applicant may ultimately receive (subject to the sole and absolute discretion of Grantor) is the lesser of (a) Nine Hundred Sixty Thousand Dollars (\$960,000.00) or (b) fifty percent (50.00%) of the portion of actual site engineering, permitting, acquisition, and installation costs of the Fertilizer Equipment. Applicant will be fully responsible for the remaining costs and acknowledges and agrees that Applicant will cause such costs to be paid by cash or through in-kind tangible property. Applicant acknowledges that Grantor may alter the maximum cap above the amount set forth herein in its sole discretion and as allowed by applicable law.
- Applicant, if accepted and funded, will covenant and agree, and cause Applicant's officers, employees, agents, and representatives, as applicable, to comply with all rules and regulations applicable to Applicant's facilities and the Fertilizer Equipment whether established by North Carolina law or other applicable law.
- Applicant acknowledges and agrees that the Grantor may give priority approval to applicants and projects that will receive the greatest benefit or where traditional land application methods are difficult or prohibitive.
- Applicant represents and warrants to Grantor that Applicant, and Applicant's (i) shareholders, members, or partners, directors, managers, officers, employees, or any of the foregoing's immediate family members must not be in a position to exercise substantial influence over the affairs of (a) the Grantor, (b) any person or entity who may purchase or serve as an aggregator, secondary processor, affiliated processors, or any other person or entity other than Applicant who stores, processes, or upgrades animal waste sludge from the feedstock source or produces fertilizer

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products using Fertilizer Equipment (a “*Fertilizer Processor*”), or (c) any person or entity other than Applicant engaged in the business of designing, engineering, constructing, installing, selling, or operating Fertilizer Equipment in the state of North Carolina (an “*Equipment Producer*”), including, without limitation, by serving as a director or officer (or family member of either) of Grantor, a Fertilizer Processor, or an Equipment Producer, except as set forth on Table B-5.

EXHIBIT B
MULTIPLE FARM OR OFF-FARM PROCESSING SITE(S) PROJECT
(attach additional pages as necessary)

Table B-1

If the Applicant's project for which it seeks cost-sharing assistance will involve multiple farms or one or more Off-Farm Processing Site(s), please fill in the following chart for each location where Feedstock or Fertilizer Equipment will be located:

Feedstock Source	Cooperator	Legal Entity	Premises Name & Address (Identify whether Premises contains the Fertilizer Equipment or a Feedstock Source)	Steady State Live Weight (lbs)	Permit #	Permit Expiration	Waste Storage Type

Table B-2

If the Applicant is not the sludge originator, please complete the following chart, indicating in the Relationship with Sludge Originator Column whether Applicant (a) has a signed agreement with the sludge originator, (b) believe Applicant can obtain a signed agreement with the sludge originator, or (c) has no signed agreement in place and is unsure whether it can obtain such an agreement with the sludge originator:

Feedstock Source	Permit #	Relationship with Sludge Originator	Sludge Originator Name	Sludge Origin Address (Must Be NC)

Table B-3

If the feedstock undergoes on-farm processing prior to transport to secondary processing, such as dewatering, storage, etc., please specify type of on-farm processing below for each feedstock source:

Feedstock Source	Permit #	Description of On-Farm Processing

Table B-4

Please provide the contact information for three (3) independent, third-party references who can attest to Applicant’s solvency, credit, and history of completing similar projects:

Reference Name	Relationship to Applicant	Reference Phone	Reference Email	Reference Address

Table B-5

To the extent that Applicant or any of Applicant’s (i) shareholders, members, or partners, directors, managers, officers, employees, or any of the foregoing’s immediate family members is in a position to exercise substantial influence over the affairs of (a) the Grantor or (b) any person or entity who may purchase or serve as an aggregator, secondary processor, affiliated processors, or any other person or entity other than Applicant who stores, processes, or upgrades animal waste sludge from the feedstock source or produces fertilizer products using Fertilizer Equipment (a “**Fertilizer Processor**”), or (c) any person or entity other than Applicant engaged in the business of designing, engineering, constructing, installing, selling, or operating Fertilizer Equipment in the state of North Carolina (an “**Equipment Producer**”), including, without limitation, by serving as a director or officer (or family member of either) of Grantor, a Fertilizer Processor, or an Equipment Producer, Applicant has set forth such Person, their relationship to the Applicant (if not the Applicant), their affiliation with Grantor, the Fertilizer Processor, or the Equipment Producer, their position at Grantor, the Fertilizer Processor, or the Equipment Producer, and their exact percentage ownership of the Fertilizer Processor or the Equipment Producer, if applicable, below:

Conflicted Party’s Name	Relationship to Applicant (if Conflicted Party is Not Applicant)	Position at / Relationship to Grantor, Fertilizer Processor, or Equipment Producer	Percentage Ownership of Fertilizer Processor or Equipment Producer (if Applicable)