

## Upper Salem River Watershed Agricultural Mini-Grant Program Project Application

<b>Date:</b>	Application #: (RCE Use)
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**Are you applying to participate as an (check one of the following):**

Individual  
 Trust or Estate  
 Corporation  
 Limited Partnership, Limited Liability Company, Limited Liability Partnership or Similar Entity  
 Tax-Exempt or Non-Profit Organization  
 State/County/Municipality

I am the owner of the land upon which the project will be implemented.  
 I am not the owner of the land on which the project will be implemented; however, I have documented control of the land for at least \_\_\_\_\_ years. (Please attach documentation as proof of control.)

	APPLICANT	LANDOWNER (if different than Applicant)*
<b>Name</b>		
<b>Address</b>		
<b>City, State</b>		
<b>Zip Code</b>		
<b>Phone Number</b>		
<b>Fax Number</b>		
<b>Email address</b>		
<b>Social Security # or Tax Identification Number</b>		
<b>Federal ID #</b>		
<b>Farm address</b>		
<b>Farm block/lot</b>		
<b>Farm municipality</b>		
<b>HUC-14 (For RCE Use Only)</b>		

### Farm Description

<b>Total Farm Acres</b>	
<b>Is the Farm Preserved?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acres/types of crop land	
Field nursery:	Dominant crops:
Container nursery:	Dominant crops:
Pot-in-pot nursery:	Dominant crops:
Greenhouse:	Dominant crops:
Sod:	

Livestock:		
Pasture:		
Other crop:	Dominant crops:	
Other land use:	Dominant uses:	

Other pertinent farm info:

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<b>Do you have a conservation plan for this property?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Is the land currently enrolled in any other conservation program (e.g., NRCS, FSA, EQIP)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:
<b>Joint Cost-Sharing</b> Are you applying for cost-sharing from any other programs?	<input type="checkbox"/> Yes. Indicate which program(s), amount and status of application:		<input type="checkbox"/> No. Indicate why not:
Have you already applied for or received cost-sharing from any other program?	<input type="checkbox"/> Yes. Indicate which program(s), amount and status of application:		<input type="checkbox"/> No. Indicate why not:
Is the Mini-Grant Program project not eligible for USDA Funding?	<input type="checkbox"/> Yes. Indicate why not:		<input type="checkbox"/> No.
*If applicant is not the landowner, application must include the signature of the Landowner.			

I, \_\_\_\_\_ (print name), request cost-share assistance indicated in this agreement. I have read all the guidelines and requirements of the program, and I understand them. This application does not guarantee mini-grant approval or obligate the applicant to enter into a mini-grant agreement. I further certify that I will not hold the Rutgers Cooperative Extension Water Resources Program liable for issues relating to the implementation of the program.

<b>Applicant Signature:</b>		Date:
<b>Landowner Signature:</b>		Date:

**All information on the application and requested documentation are required for the application to be complete.**

## **Scope of Work**

The scope of work (SOW) is a description of the proposed work for which funding is sought through the *Upper Salem River Watershed Agricultural Mini-Grant Program*. The SOW should not exceed 5 single-spaced pages, using a minimum 12-point font and 1" margins. The following elements must be present in the scope of work.

### **A. Statement of Problems on Site**

### **B. Project Goals and Objectives**

A brief description of what each proposed conservation measure hopes to accomplish or alleviate on the proposed agricultural land

### **C. Table of Applicable Conservation Practices**

Use list of conservation practices from Appendix B to describe which AMPs are planned to be installed on the property.

### **D. Task List & Summary of Each Task**

Task #:	Title of the task to be accomplished
Deliverable:	A description of what the task hopes to accomplish or produce
Timeline:	The length of time from the start of the awarded contract to completion of the task described
Description:	A brief description of each task

**E. Budget Table: (1 page; not included in 5 page limit)**

ACCOUNT DESCRIPTION	TOTAL BUDGET	AMOUNT REQUESTED	OTHER FUNDING /IN-KIND FUNDING
A. Personnel Costs			
Salaries			
Fringe Benefits			
B. Consultants and Subcontractors			
C. Other Costs (Specify):			
_____			
_____			
_____			
_____			
_____			
Subtotal Direct Costs			
Total Direct Costs			
TOTAL PROJECT AMOUNT	*		

\* This amount should equal the sum of the 'Amount Requested' and 'Other Funding' columns

**F. Budget Justification:**

A brief (1-page long; not included in 5-page limit) description of each budget item and how the cost of each item was determined



## Insurance Requirements

Insurance requirements for vendors or contractors whose operations extend to the premises of Rutgers, The State University of New Jersey are:

After the award and prior to the start of work, the contractor will provide evidence in the form of current certificates of insurance certifying the following **applicable** coverages. **Failure to furnish will result in work not being allowed to commence.**

All vendors, whose operations extend to University premises shall provide Certificates of Insurance evidencing the following:

**WORKER'S COMPENSATION COVERAGE AND EMPLOYERS' LIABILITY:**

Insurance covering all employees for Workers' Compensation in accordance with the laws of the State of New Jersey and a minimum limit of \$500,000 for Employers' Liability.

**AUTOMOBILE LIABILITY:** Insurance for all owned, non-owned and hired vehicles with limits of liability of at least \$1,000,000 combined single limit per occurrence.

**COMPREHENSIVE GENERAL LIABILITY:** Insurance with a minimum of \$1,000,000 (combined single limit). **Rutgers, The State University, must be named as an additional insured in this policy.** Such insurance shall be primary over other collectible insurance that may apply and shall include coverage for the following indemnification:

**"The vendor/contractor agrees to Hold Harmless and Indemnify Rutgers, The State University, against any and all claims, demands or suits by any persons and against related damages, liabilities, costs and expenses (including attorney's fees) which may arise out of the performance of the contract."**

All certificates shall contain the provision that the insurance shall not be canceled for any reason, except after thirty (30) days written notice and indicate the nature of work being performed or goods/services being furnished.

**Additional requirements for certain vendors/contractors as follows:**

**BUS/TRANSPORTATION VENDORS:** Must maintain Business Auto Liability insurance coverage for all owned, non-owned or hired vehicles which names **Rutgers, The State University as an additional insured.** For vehicles with seating capacity of eighteen (18) or more, a \$5,000,000 combined single limit of liability is required. Vendors supplying vehicles with seating capacity of less than eighteen (18) are required to have a policy limit of \$2,000,000.

**CHEMICAL WASTE AND PESTICIDE DISPOSAL CONTRACTORS:** Must maintain Comprehensive General Liability insurance with a minimum combined single limit of \$5,000,000 for bodily injury and property damage and be endorsed to include Pollution Legal Liability. Alternatively, separate, stand alone, Comprehensive General Liability and Pollution Legal Liability policies each with limits of \$5,000,000 is acceptable.

**ASBESTOS REMOVAL AND MONITORING CONTRACTORS:** Must maintain Pollution Legal Liability insurance with the minimum limits of \$2,000,000 combined single limit and \$4,000,000 aggregate.

Please address any insurance related questions and send all Insurance Certificates to the appropriate campus noted on this letter.

**CAMDEN CAMPUS**  
Purchasing Department  
Administrative Services Building  
409 N. 4<sup>th</sup> Street  
Camden, NJ 08402-1406  
Phone: 856/225-6140  
Fax: 856/225-6109

**NEWARK CAMPUS**  
Purchasing Department  
Blumenthal Hall, 2<sup>nd</sup> Floor  
249 University Avenue  
Newark, NJ 07102  
Phone: 973/353-5338  
Fax: 973/353-1451

**NEW BRUNSWICK CAMPUSES**  
Purchasing Department  
Administrative Services Building III  
3 Rutgers Plaza  
New Brunswick, NJ 08901-8559  
Phone: 732/932-4370  
Fax: 732/932-4390

## Supplier Request Form New/Change

**Directions:** The Supplier Request Form must be *completed by the department* and must be accompanied by either an IRS W-9 form, Rutgers Substitute W-9 form or W-8BEN (for Foreign Entities) *signed and completed by the supplier*. Incomplete and unsigned forms will be returned and a payment hold will be placed on the supplier. Please allow up to 72 hours for new suppliers to be created. Departments should check to see if the supplier is in RIAS by visiting RU Internet Procurement and selecting "Supplier & Address Information". Departments procuring goods and/or services are encouraged to visit the purchasing website at <http://purchasing.rutgers.edu/> to see if a supplier is already in place for their purchase.

**NOTE:** RU employees cannot receive compensation payment through RIAS. Please contact payroll services.  
RU students receiving student aid (84400, 84500, etc) must be processed through Financial Aid Dept.  
RU student employees receiving an award payment (33400) must be processed through Payroll.

<p><b>Section A. Type of Request (select one):</b></p> <p>a. <input type="checkbox"/> New Supplier Request</p> <p>b. <input type="checkbox"/> Change Request (check all that apply)</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Add address/information for an existing supplier  <input type="checkbox"/> Change address/information for an existing supplier  <input type="checkbox"/> Update Supplier Name from:  <input type="checkbox"/> Other (please explain)         </p>	<p><b>Section B. Department Contact Information</b></p> <p>Name of Person Submitting Request:</p> <p>Email Address/Telephone Number: /</p> <p>Date Request:</p>												
<p><b>Section C. Supplier Information</b></p> <p>Supplier Name (company) if individual- (Last, First, Middle initial)</p> <p>Supplier Address (Purchase Order/Check address):</p> <p>Province/Country</p> <p>Telephone Number / Fax Number /</p> <p>Contact Name / Phone Number /</p> <p>Email Address</p> <p>Web site:</p> <p>-----</p> <p>Remittance address (if different from above): Supplier Name (Company) if individual- (Last, First, Middle initial)</p> <p>Address</p> <p>Province/Country</p> <p>-----</p> <p>Federal ID # (nine digit # - may be called EIN # or Social Security #)</p> <p>Dun and Bradstreet number: (nine digit # – different than Federal ID # if supplier does not have one type in N/A).</p> <p>Corporate Address:</p>	<p><b>Section D. Type of Purchase/Payment (Check all that apply):</b></p> <p><b>a. Any boxes checked below - send forms to Purchasing at <a href="mailto:procure@rci.rutgers.edu">procure@rci.rutgers.edu</a> or fax to 732-932-4390.</b></p> <p><input type="checkbox"/> Product  <input type="checkbox"/> Services by Corporation, Partnership, Government Agency, Corporate LLC and Partnership LLC, (including foreign)</p> <p><b>Provide detailed description of product or service being provided:</b></p> <p>-----</p> <p><b>b. Any boxes checked below- send forms to Accounts Payables at <a href="mailto:payables@rci.rutgers.edu">payables@rci.rutgers.edu</a> or fax to 732-445-3953 (new fax number).</b></p> <p><input type="checkbox"/> Services by Individual, Sole Proprietor or Single Member LLC (including foreign)  <input type="checkbox"/> Award  <input type="checkbox"/> Honorarium  <input type="checkbox"/> Fees - magazines, journals, postage, conferences, memberships, registrations, etc.  <input type="checkbox"/> Royalty/Patent Assignment  <input type="checkbox"/> Refund/Reimbursement (no Sub W-9 needed)  <input type="checkbox"/> Scholarship/Fellowship/Grant (not processed through Fin Aid)  <input type="checkbox"/> TABER (for reimbursement of business expenses incurred by a Visitor only)  <input type="checkbox"/> Other (Explain)</p>												
<p><b>Section E. Supplier Classification (check all that apply)</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Small Business Enterprise</td> <td><input type="checkbox"/> Native American Owned</td> </tr> <tr> <td><input type="checkbox"/> Women Owned</td> <td><input type="checkbox"/> Vietnam Veteran</td> </tr> <tr> <td><input type="checkbox"/> Asian Pacific American Owned</td> <td><input type="checkbox"/> Disabled Veteran</td> </tr> <tr> <td><input type="checkbox"/> Black American Owned</td> <td><input type="checkbox"/> 8A</td> </tr> <tr> <td><input type="checkbox"/> Hispanic American Owned</td> <td><input type="checkbox"/> Hubzone</td> </tr> <tr> <td><input type="checkbox"/> Subcontinent Asian American Owned</td> <td></td> </tr> </table>		<input type="checkbox"/> Small Business Enterprise	<input type="checkbox"/> Native American Owned	<input type="checkbox"/> Women Owned	<input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> Asian Pacific American Owned	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Black American Owned	<input type="checkbox"/> 8A	<input type="checkbox"/> Hispanic American Owned	<input type="checkbox"/> Hubzone	<input type="checkbox"/> Subcontinent Asian American Owned	
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<input type="checkbox"/> Subcontinent Asian American Owned													



**Substitute W-9**

To conform to IRS regulations for Form 1099 reporting, we must have a Federal Tax Identification Number or Social Security Number in our files for ALL VENDORS and INDIVIDUALS receiving payments from Rutgers University. In order to comply, we ask that you provide the following information. Please return this completed form to Purchasing via email to [procure@rci.rutgers.edu](mailto:procure@rci.rutgers.edu) or fax to 732-932-4390. Forms for check request only should be forwarded to Accounts Payable via email to [payables@rci.rutgers.edu](mailto:payables@rci.rutgers.edu) or fax to 732-445-5922. Questions regarding completion of this form should be directed to Anelia Dolan in the Tax Department at 732-445-4212.

**Legal Name identified with Tax ID Number below (Name on your Federal Income Tax Return)**

Business Name if different from above

Address (number, street, and apt. or suite no.)

City, State, and ZIP code

**TYPE OF PAYEE: (CHECK THE FOLLOWING THAT APPLY)**

- Residence Status**
- \_\_\_\_ U.S. CITIZEN
  - \_\_\_\_ U.S. RESIDENT FOR TAX PURPOSES
  - \_\_\_\_ U.S. ENTITY
  - \_\_\_\_ FOREIGN PERSON (VISITOR)  
*(complete Foreign Visitor Info Sheet)*
  - \_\_\_\_ FOREIGN ENTITY  
*(complete appropriate form W-8  
See reverse side for information)*

- Organization Type**
- \_\_\_\_ INDIVIDUAL
  - \_\_\_\_ PARTNERSHIP
  - \_\_\_\_ CORPORATION
  - \_\_\_\_ Single Member LLC (Individual)  
\_\_\_\_\_ **Owner's name**
  - \_\_\_\_ Partnership LLC
  - \_\_\_\_ Corporation LLC
  - \_\_\_\_ Government

- Please indicate if any of the following categories apply to your business:**
- Attorney or Legal Firm
  - Medical Service by individual and/or partnership
  - Medical Service by corporation

**TAXPAYER IDENTIFICATION NUMBER (TIN)**

\_\_\_\_\_ Federal I.D. Number (also known as an Employer Identification Number)

\_\_\_\_\_ Social Security Number

**If exempt from Form 1099 reporting**, check here and circle your qualifying exemption reason below: \_\_\_\_\_

- |  |   |  |   |  |
|--|---|--|---|--|
| 1. Corporation except there is no exemption for medical and healthcare payments or payments for legal services | 2. Tax Exempt Charity under 501(a) includes 501(c)(3) | 3. The United States or any of its agencies or instrumentalities | 4. A state, the District of Columbia, a possession of the U.S. or any of their political subdivisions | 5. A foreign government or any of its political subdivisions |
|--|---|--|---|--|

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a US citizen or other US person.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For Mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

SIGNATURE OF INDIVIDUAL OR COMPANY OFFICIAL AND TITLE

DATE

**FOREIGN ENTITY**

Rutgers, the State University is now requiring a W-8 form for all foreign entities whether or not they are currently being paid for a service. For copyrights, permissions, royalties and services performed in the United States by a foreign entity, the Internal Revenue Service (IRS) requires Rutgers University to obtain a W-8 form for the foreign entity we are paying. There are four different types of W-8 forms. The foreign entity will need to determine which type of form applies to them. They will need to fill out the appropriate form and return to the requestor.

The links for the W-8 forms are as follows:

***A beneficial owner solely claiming foreign status or treaty benefits***

<http://www.irs.gov/pub/irs-pdf/fw8ben.pdf> (Form W-8BEN)

<http://www.irs.gov/pub/irs-pdf/iw8ben.pdf> (Instructions for W-8BEN)

***A person claiming that income is effectively connected with the conduct of a trade or business in the U.S.***

<http://www.irs.gov/pub/irs-pdf/fw8eci.pdf> (Form W-8ECI)

<http://www.irs.gov/pub/irs-pdf/iw8eci.pdf> (Instructions for W-8ECI)

***A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization***

<http://www.irs.gov/pub/irs-pdf/fw8exp.pdf> (Form W-8EXP)

<http://www.irs.gov/pub/irs-pdf/iw8exp.pdf> (Instructions for W-8EXP)

***A foreign intermediary, a foreign partnership, a foreign simple trust, or a foreign grantor trust***

<http://www.irs.gov/pub/irs-pdf/fw8imy.pdf> (Form W-8IMY)

<http://www.irs.gov/pub/irs-pdf/iw8imy.pdf> (Instructions for W-8IMY)



**Additional Information for department when paying a Foreign person**

Please make sure that a foreign person/entity completes a W-8 form as instructed on the Substitute W-9 form.

Please plan for foreign visitors well in advance. When paying a foreign visitor for service performed in the U.S. please obtain their U.S. tax id number. This is either a social security number issued by the Social Security Administration (work related) or an Individual Tax Identification Number (ITIN) issued by the IRS (tax treaty benefit/filing tax return purposes). If the visitor is resident in a country that the U.S. has a tax treaty with **AND** the foreign visitor has a U.S. tax id number they can complete form 8233 and are exempt from the 30% income tax withholding.

A foreign visitor who is not able to claim a tax treaty benefit may be able to claim a refund of money withheld at year end and should file a 1040NR. For this purpose the foreign visitor needs a U.S. Tax ID Number.

If the visitor does not have a U.S. tax id number, they can complete form W-7 (Application for IRS Individual Taxpayer Identification Number). This application and instructions for completing this form can be found on the Tax Department website at [http://www.rci.rutgers.edu/~univcont/New/tax\\_department](http://www.rci.rutgers.edu/~univcont/New/tax_department). Under Taxation Topics, click on *Payments to nonresident aliens and IRS form 1042 reporting*. Click on site on right side Form W-7 box. Please contact the Tax Department for help in completing this form.

You are encouraged to plan 6 months in advance for inviting visiting scholars when possible. It usually takes 6 – 8 weeks to receive a ITIN if there are no extenuating circumstances.

Your cooperation is appreciated. If you have any questions, please do not hesitate to contact Anelia Dolan in the Tax Department at 732-445-4212.