

**REQUEST FOR PROPOSAL (RFP) COVER PAGE**

<b>Issue Date:</b> October 20, 2023	<b>Request for Proposal (RFP) #:</b> MI 2023-FA	<b>For:</b> Expanding Manure Injection
<b>Last Day for Questions about the RFP and Application:</b> December 15, 2023, at 5 p.m.	<b>Deadline to Contact SVSWCD to advise of interest and schedule a Required One-on-One Informational Meeting:</b> Contact November 15, 2023, at 5 p.m.	<b>Application Deadline:</b> January 15, 2024, at noon
	<b>Deadline for Meeting with SVSWCD for Required One-on-One Informational Meeting:</b> December 15, 2023, at 5 p.m.	

*Shenandoah Valley Soil and Water Conservation District is an Equal Opportunity Employer and Provider*

**APPLICANT INFORMATION**

The name of the applicant should match the name to which the participant would like their contract payments to be addressed. If applicants want to receive their payments in a farm name, they should list the farm as the applicant and use the associated tax ID number.

Name of Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

By signing, the applicant certifies, acknowledges, understands, and agrees to be bound by the conditions set forth in this RFP. In addition, the applicant certifies that the information contained in the application packet is true and correct.

\_\_\_\_\_  
APPLICANT’S LEGALLY AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\* This document must be completed and returned with proposal submission. \*

**ATTACHMENT A: Applicant's Criteria**

Page 1 of 2

Name of Applicant: \_\_\_\_\_

**A: Experience (30%)**

**Manure Injection Experience (15%)**

What experience do you have with manure injection? Select the category that fits your primary experience with manure injection. (Select only one.)

- Contracted       Self-applied       None

**Farm Experience (15%)**

How long has your operation been in business? How long have you/your family been in the dairy business? (Select only one.)

- 0-10 years       10-20 years       20+ years

**B: Impact (30%)**

**Community Impact (15%)**

Indicate your willingness to participate in the following activities: (Select as many as you are willing to commit to.)

- Host farmer events/farmer field days at no cost to host  
 Discussions with other grant partners  
 Demonstrations of manure injection to/for other farmers (informal, farmer to farmer)  
 Allow partner agency data collection and research

Indicate your proximity to other dairy farms. Are there dairy operations within 1 mile of your operation? (Select only one.)

- Yes       No

**Acreage of injection (10%)**

If the SVSWCD has additional implementation funds available, would you be willing to commit to more acres of injection than those listed in Table 1 of Attachment B – Applicant's Planned Acreage for Manure Injection? (Select only one.)

- No, 450 acres is the maximum number of acres that I am willing to commit to.  
 Yes, I am willing to commit to additional acres above the required 450 acres.

If the SVSWCD has additional implementation funds available, for how many additional seasons would you be willing to contract for injection? (Select only one.)

- 1-2 seasons  
 3-4 seasons  
 5-8 seasons

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**ATTACHMENT A: Applicant's Criteria (Continued)**

Page 2 of 2

Name of Applicant: \_\_\_\_\_

**Environmental Impact (5%)**

The SVSWCD staff will evaluate the maps identifying fields where applicant plans to inject manure. Application must include aerial photos of all owned or rented lands where applicant plans to inject manure in association with this funding opportunity.

**C: Infrastructure (25%)**

**Equipment (15%)**

Is this application in support of: (Select only one.)

- Existing manure injection equipment already owned by the applicant
- Newly purchased manure injection equipment: I plan to use these funds to offset the cost associated with newly purchased manure injection equipment.

Do you have existing equipment or components that can be used to support your manure injection? Existing equipment will help ensure successful implementation within grant timeline. (Select all items/components that will be used in association with your manure injection.)

- Tractor
- Drag line
- Buried irrigation
- Manure pump
- Other: \_\_\_\_\_

**Evaluation of Existing Manure Storage (10%)**

Do you have at least 4-months of liquid manure storage? (Select only one.)

- Yes
- No

Indicate the number of animals from which you collect liquid manure:

\_\_\_\_\_ # of current lactating cows      \_\_\_\_\_ # of dry cows      \_\_\_\_\_ # of heifers

**D: Other (15%)**

**Technology (10%)**

Do you use or have the capability to use an equipment guidance system? (Select only one.)

- Yes, I have an equipment guidance system.
- No, I do not have an equipment guidance system.

Do you plan to use a computer for required project reporting? (Select only one.)

- Yes, I will use computer to submit required reports.
- No, I will submit required reports via paper reporting or in person.

**VACS Program Participation (4%)**

Do you plan to apply for state cost-share funding for manure injection during the contract period? (Select only one.)

- Yes
- No

**Insurance (1%)**

Will the manure injection equipment be covered under an insurance policy? (Select only one.)

- Yes
- No

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## ATTACHMENT B: Applicant’s Planned Acreage for Manure Injection

Name of Applicant: \_\_\_\_\_

**Directions to complete the table below: (Refer to Examples in Section 2.2 Pages 6-7.)**

- Identify the number of acres you will commit to injecting each season.
- Enter “0” acres if you do not plan to inject in a particular season.
  - *The number of seasons it takes for the applicant to meet their committed acres will determine the contract period. The maximum initial contract period will be five years.*
- In the “Notes” section, include key points such as when equipment will be received or other relevant information that may impact your injection timeline.

**Guidance to Consider:**

- Applicants are encouraged to be conservative with their acreage commitment, as weather and new equipment challenges may impact achievable acres.
- Applicants should not commit to injection on acres that they do not own or rent.
- Acres injected and rates should align with applicants’ NMP. Do not plan to inject more manure than allowed by your NMP.

**Table 1: Applicant’s Planned Acreage for Manure Injection**

Season of Injection	Planned Acres of Manure Injection	Cumulative Acres Injected	Notes <i>Include key points such as when equipment will be received or other relevant information that may impact your injection timeline.</i>
Spring 2024			
Summer 2024			
Fall 2024			
Spring 2025			
Summer 2025			
Fall 2025			
Spring 2026			
Summer 2026			
Fall 2026			
Spring 2027			
Summer 2027			
Fall 2027			
Spring 2028			
Summer 2028			
Fall 2028			

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## ATTACHMENT C: Applicant's Map Index

Name of Applicant: \_\_\_\_\_

**Directions:**

- Provide a legible aerial map for each tract/parcel with each field where manure injection will occur identified. (See example below.) **A copy of each tract/parcel map should be attached to this Map Index.**
  - Each field should be identified with the field name and field acreage. Farmer field names are acceptable.
- Complete the table below to provide a summary of the maps that you have included in your application.
- Indicate for each tract whether owned or rented.

**Guidance to Consider:**

- Your NMP may be a good source for maps. You are not required to use the maps in your NMP.

**Table 2: Applicant's Map Index**

	<u>Map/Tract/Parcel Name</u>	<u>Owned</u>	<u>Rented</u>
Ex.	<i>Holstein Tract</i>	<i>X</i>	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

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## ATTACHMENT D: Equipment Summary

Name of Applicant: \_\_\_\_\_

*To ensure appropriate equipment is purchased and used for manure injection associated with this project, applicants are required to complete this form. The information on this form will be used to ensure that injection associated with an applicant's contract is aligned with applicable standards.*

**Directions:**

Applicants should complete this form and identify the type of equipment that they anticipate using and/or purchasing to inject manure in association with this project. It is understood that final decisions regarding equipment may be made closer to contracting. Participants will be expected to confirm exact equipment by completing a similar form prior to contracting.

**Applicant's Equipment Information:**

Indicate which option is applicable:  Currently own this equipment       Plan to purchase equipment

Indicate make and model of injector: \_\_\_\_\_

Notes about injector (spacing, width, etc.): \_\_\_\_\_

\_\_\_\_\_

**Tank-Mounted Injector Information: (Complete this section only if you plan to use tank-mounted injection.)**

Model and capacity of tank: \_\_\_\_\_

Is tank equipped for injector mounting?       Yes       No

If no, outline plans for mounting: \_\_\_\_\_

\_\_\_\_\_

**Drag-Line Information: (Complete this section only if you plan to use drag-line injection.)**

Type and diameter of hose: \_\_\_\_\_

Length of hose: \_\_\_\_\_

Reel type: \_\_\_\_\_

Will a booster pump be needed? \_\_\_\_\_

Will you be using existing irrigation pipe for injection?       Yes       No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

**Tractor Information:**

What tractor will you be using with your injector? \_\_\_\_\_

Indicate which option is applicable:       Currently own this tractor       Plan to purchase/lease tractor

**Notes: (Optional)**

*Provide any notes and information you would like to share with regards to manure injection equipment and associated costs. Include information such as difficulty in obtaining quotes, time delays, etc.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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