

## Screening EQIP Salinity Program Applicants

**Participant Name:** \_\_\_\_\_ **Protracts ID #** \_\_\_\_\_

**NRCS Employee Screening Application:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A.** Is the application for a Conservation Activity Plan (National Bulletin 300-13-1)?

**Yes** \_\_\_\_\_ (If yes, high priority, do not answer any more questions.) **No** \_\_\_\_\_ **N/A** \_\_\_\_\_

**B.** Does the applicant possess or has applied for all necessary permits to install the applied for conservation practices? (If permits are necessary list all permits needed below)

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **N/A** \_\_\_\_\_


**C.** If applicant is part of a group project (cooperative contract), are all participants in agreement concerning their responsibilities pertaining to the program appendix?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **N/A** \_\_\_\_\_

**D.** Is the existing system past its lifespan of 15 years?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **N/A** \_\_\_\_\_

**E.** Is this application for a delivery system (for example, a Salinity red line) or for an on farm system with a planned red line? (If you answer yes to any question E through G, then the remaining questions E through G are N/A)

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **N/A** \_\_\_\_\_

**F.** If this is an irrigation project, does the applicant have a pressurized delivery system in place at the time of ranking? (If you answer yes to any question E through G, then the remaining questions E through G are N/A)

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **N/A** \_\_\_\_\_

**G.** Is the applicant an individual (stand alone) that is not currently associated with a planned pressurized delivery system? (If you answer yes to any question E through G, then the remaining questions E through G are N/A)

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **N/A** \_\_\_\_\_

**H.** The individual priority for this application is: (see business rule #1 for determining local workgroup priority)

\_\_\_\_\_ **High**          \_\_\_\_\_ **Medium**          \_\_\_\_\_ **Low**

**QR Date and Initials:** \_\_\_\_\_

**Note:** If no is answered to any question B-G of the screening tool, and if priority designation in question H does not result in high or medium priority, NRCS will not complete ranking of this application at this time. If Yes is answered to question (A) then the application is a High Priority