|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant Organization Name** |  | **Project Year 1** | **Project Year 2** | **Project Year 3** |
|  | Sept 1, 2020- June 30, 2021 | Jul 1, 2021 – Jun 30, 2022 | Jul 1, 2022 – Mar 31, 2023 |

**Table I. Management Practice Implementation Plan**

Fill the table provided below for each eligible management practice (identified as T1- treatment 1, T2 – treatment 2, etc.) and Control (identified as C1, C2, etc.) to be implemented on all fields within an APN that are part of the project. Table must be filled for both Type A and Type B projects, and time (specifically when in each project year) to implement; activities and persons who implement the practice(s). Add additional sub-tables as needed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Management Practice Name** | **APN** | **Field Number** | **Acres where Practice(s) to be Implemented** | **Time to Implement**  ***(Months/Dates in each project year)*** | **Activities**  ***(Describe each activity that supports implementation of the identified management practice(s))*** | **Performed by** |
|  |  |  |  | **Project Year 1** |  |  |
|  |
| **Project Year 2** |
|  |
| **Project Year 3** |
|  |
|  |  |  |  | **Project Year 1** |  |  |
|  |
| **Project Year 2** |
|  |
| **Project Year 3** |
|  |
|  |  |  |  | **Project Year 1** |  |  |
|  |
| **Project Year 2** |
|  |
| **Project Year 3** |
|  |

**Table II. Data Collection Plan**

*For data collection activities*: Fill the table provided below with data to be collected and describing the activities that will take place to ensure data collection for the project. Type A projects must describe detailed plan to accomplish GHG, crop yield and other data collection from the project site (both T and C fields as applicable) in chronological order for all three project years. Soil organic matter data collection activities must be included for both Type A and B projects. Other additional data collection activities are optional. Add additional rows as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Data to be Collected/Analyzed** | **Activities** | **Timeline**  **(mm/yyyy – mm/yyyy)** | **Performed by** |
|  |  |  |  |
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**Table III. Outreach Plan**

Fill the table provided below describing the activities that will take place to complete outreach requirements. Add additional rows as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity Name** | **Location** | **Timeline**  **(mm/yyyy-mm/yyyy)** | **Practice(s) to be showcased** | **Performed by** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |