



West Virginia  
Conservation Agency

# Agricultural Enhancement Program Pollinator Planting Application

FY18 Application for Sign Up Period TWO



Applicant Information
Name:
Mailing Address:
Telephone:
Email Address:
Application Date:

Farm Information
Conservation District: Capitol
County : Kanawha
Farm Name:
Farm # :
Tract # :
Field # or #'s:

## Best Management Practice

Please complete the following information for the Best Management Practice you would like to apply for:

BMP	Limits	Cost-Share Rate	Amount applied for	Other
<b>Pollinator Planting</b>	Not to exceed ½ acre seed planting Not to exceed \$225	50 cost-share rate *cooperator caps	_____ acre	
<b>Pollinator Tree Planting</b>	Bare Root Seedlings Native Pollinator Tree (See list) Not to exceed \$225	50% cost-share rate from provided list *cooperator caps	_____ Seedlings	

## Program Eligibility

**A. Purpose:** Create and enhance pollinator habitat, provide pollination insects with supplemental plants.

**B. Policies for Practice**

1. Applicant must be a District Cooperator.
2. Cost share is available to owner or lessee.
3. Applicant must provide map identifying tract and field along with proposed acreage.
4. NRCS standards and specs must be followed.
5. \*Program is limited to 2 (two) practices per cooperator.
6. \*Program cap is \$1,000.00 (One-Thousand Dollars) per cooperator.
7. Methods of seeding stands may be established either by conventional or no till.
8. Application approvals will be made based upon availability of funds and based on the ranking form.
9. After approval applicant must follow job sheets provided at the time of signing the contract.
10. **Invoices must be submitted June 1, 2018.**

**C. Payment rates & limits:**

1. The maximum cost-share for this practice shall be at 50% rate up to \$225 maximum on seeds or bare root seedlings only.
2. Maximum of 1/2 acres per seed applicant.
3. The payment will be made after paid invoices are received, cooperator completes a W-9 form and completion of site visit.
4. No duplication of federal or state cost-share shall be allowed.
5. Capitol Conservation District does not reimburse sales tax amount.

**D. Practice Specifications**

1. Please refer to job sheets provided at the time of approval and signing of contract.

By signing this I have read, understand, and agree to the terms and conditions stated in this document.

Farm Name (if applicable): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:	
Date Received:	
Time Received:	
Ranking Score:	
If Approved:	
BD Date Approved:	
Contract Expiration Date:	
Application #:	
Verification #:	