



Agricultural Enhancement Program Pollinator Habitat Application

West Virginia
Conservation Agency

Applicant Information	Farm Information
Name:	Conservation District: Western
Mailing Address:	County :
Telephone:	Farm Name:
Email Address:	Farm # :
Application Date:	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
<u>Pollinator Habitat</u>	Not to exceed 1/2 acre	\$200 Flat Rate Not to exceed \$200.00	<u>1/2 acre</u>	Receipts required.

Program Eligibility

A. Definition

To offer cost share incentive for the establishment of pollinator habitat.

B. Purpose

To enhance and or create pollinator habitat

C. Policies for Practice

1. Applicant must be a District Cooperator.
2. A W-9 tax form will be required with application for District tax purposes.
3. Cost share is available to owner or lessee. Owner must be registered with FSA or provide deed. Copy of lease required.
4. Applicant must provide map identifying tract and field along with proposed acreage.
5. NRCS standards and specifications and job sheets must be followed.
6. Approvals will be final on July 19, 2018.
7. Application approvals will be made based upon availability of funds and ranking criteria.
8. After approval, applicant must follow job sheets provided at the time contract is signed.
9. Practice must be completed and invoices submitted by May 31, 2019.

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be at a flat rate of \$200 for a maximum of \$200.
2. Maximum of 1/2 acre per applicant.
3. The payment will be made after paid invoices are received and a WCD representative verifies the practice has been completed according to program policy.
4. No duplication of federal or state cost-share shall be allowed.

E. 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 #:	

