



# Agricultural Enhancement Program

## Exclusion Fence Application

West Virginia  
Conservation Agency

Applicant Information
<b>Name:</b>
<b>Mailing Address:</b>
<b>Telephone:</b>
<b>Email Address:</b>
<b>Application Date:</b>

Farm Information
<b>Conservation District: Western</b>
<b>County :</b>
<b>Farm Name:</b>
<b>Farm # :</b>
<b>Tract # :</b>
<b>Field # or #'s:</b>

### 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>Exclusion Fence</u>	Not to exceed <u>2,665 feet</u>	<u>\$1.50 linear foot</u> cost-share rate,  Not to exceed <u>\$4,000</u>	_____ Feet	Must have serviceable boundary fence & livestock or application will be marked ineligible.

### Program Eligibility

**A. Definition**

Cost share incentive to assist with the purchase of materials and labor to erect exclusion fence

**B. Purpose**

To exclude livestock from streams, woodland or other environmentally sensitive areas.

**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 register with FSA or provide deed. Lessee must have a signed lease.
4. Applicant must provide map identifying tract and field along with proposed acreage.
5. NRCS standards, 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 by May 31, 2019.

**D. Payment rates & limits:**

1. The maximum cost-share for this practice shall be at a flat rate of \$1.50 per linear foot up to \$4,000.00 maximum.
2. Maximum of 2,665 feet .
3. The payment will be made after a WCD representative verifies work is completed and meets 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.

Number and type of mature animals that will benefit by this practice.

Cattle# \_\_\_\_\_ Sheep# \_\_\_\_\_ Goats# \_\_\_\_\_ Horses# \_\_\_\_\_

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:** \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	
<b>Date Received:</b>	
<b>Ranking Score:</b>	
<b>If Approved:</b>	
<b>BD Date Approved:</b>	
<b>Contract Expiration Date:</b>	
<b>Application #:</b>	