



Agricultural Enhancement Program

Frost Seed Application

West Virginia
Conservation Agency

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

Farm Information
Conservation District: Western
County :
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
<u>Frost Seed</u>	Not to exceed <u>50 acres</u> Must seed between February 1 st to March 1 st . Practice must be completed by March 15 th .	\$20 per acre flat rate Not to exceed <u>\$1,000</u> ***Receipts Required***	_____ acres	Soil pH 5.8 or greater^

Program Eligibility

A. Definition

Cost share incentive to assist with the purchase of legume seed and labor to establish legumes on pasture and/or meadow.

B. Purpose

To facilitate nitrogen fixation to reduce chemical fertilizer input. Improve or maintain livestock nutrition and/or health. Provide or increase forage supply during periods of low forage production. Reduce soil erosion, improve soil and water quality.

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. Lessee must provide 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 on the ranking criteria.
8. After approval, applicant must follow job sheets provided at the time of contract signing.
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 up to \$20 per acre maximum of \$1,000.
2. Maximum of 50 acres per applicant.
3. The payment will be made after paid invoices are received and a WCD representative completes a site visit to verify practice 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.

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 #:	