



Agricultural Enhancement Program

Cover Crop 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>Cover Crop</u>	Not to exceed <u>50 acres</u> Must be Planted by November 15 th . Must terminate, plow under or graze after March 1 st .	\$30 per acre flat rate Not to exceed <u>\$1,500</u> Will not pay for crop harvested as grain.	_____ acres	Current years land use must be row crop (ie. corn, beans, etc)

Program Eligibility

A. Definition

Cost share incentive to assist with the purchase of seed/labor to establish cover crop of grass, small grain or legumes for seasonal protection.

B. Purpose

1. Reduce erosion from wind and water.
2. Increase soil organic matter content.
3. Capture and recycle or redistribute nutrients in the soil profile.
4. Promote biological nitrogen fixation.
5. Weed suppression.
6. Provide supplemental forage.
7. Soil moisture management.
8. Reduce particulate emissions into the atmosphere.
9. Minimize and reduce soil compaction.

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: Copy of Lease Required
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 of contract is signed.
9. Completion of practice and invoices must be submitted by May 31, 2019.

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be at a flat rate of \$30 per acre maximum of \$1,500.
2. Maximum of 50 acres per applicant.
3. The payment will be made after paid invoices are received, and practice is verified completed by WCD representative .
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 from 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:** _____

Date Received:	
Time Received:	
Ranking Score:	
BD Date Approved:	
Contract Expiration Date:	
Application #:	