



Agricultural Enhancement Program Winter Grazing Application

West Virginia
Conservation Agency

Applicant Information	Farm Information
Name:	Conservation District: WEST FORK CONSERVATION DISTRICT County : Farm Name: Farm # : Tract # : Field # or #'s:
Mailing Address:	
Telephone:	
Email Address:	
Application Date:	
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
Winter Grazing	Not to exceed 50 acres Does not have to be contiguous	Flat rate of \$20. ⁰⁰ per acre Not to exceed \$1,000. ⁰⁰	_____ acres	Must not graze/hay after Aug. 15 Min. pH of 6.0 Min. P = Med. Min. K = Med.

Program Eligibility

A. Definition

1. Stockpiling forage to extend grazing period of livestock

B. Purpose

1. To reduce soil erosion.
2. To protect water quality.
3. Reduce fossil fuel requirements of farming operations. (i.e. Diesel Fuel)
4. Reduce farm input costs

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.
4. Applicant must provide map identifying tract and field along with proposed acreage. Maps can be obtained through the Farms Service Agency (FSA).
5. NRCS standards and specs must be followed.
6. Methods of seeding stands may be established either by conventional or no till.
7. Approvals will be final on _____.
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. Applicants are only eligible to participate in the Monongahela Conservation District Winter Grazing cost share program for two (2) years. Once you have successfully completed two (2) years of stockpiling forages, this practice is part of your grazing management system and you will no longer be eligible for the program.
11. Invoices must be submitted by _____.

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be \$20.⁰⁰ per acre for each applicant
2. Maximum of 50 acres per applicant.
3. **Cost share is authorized ONLY for the purchase of Nitrogen. Purchase of fence and fencing supplies will not be reimbursed.**
4. The payment will be made after paid invoices are received, cooperator completes a W-9 form and the AEP committee has made a site visit.
5. No duplication of federal or state cost-share shall be allowed.
6. Practice must be complete and receipts must be sent to the District Office by the project deadline. No extensions will be given.

E. Practice Specifications

1. **Acres enrolled in an extended grazing program will be stockpiled from August 15 until all other pastures are utilized, approximate date to begin grazing stockpiled fields is December 1.**

2. Cost share program will reimburse purchase of Nitrogen only.
3. Harvest hay or graze field to be stockpiled to a grass height of 3-4 inches between July 15 and August 15. This will allow for higher forage quality when new forage growth begins.
4. All livestock must be removed and no hay can be taken from field after August 15th.
5. One hundred (100) pounds of Urea or equivalent to 46 pounds of Nitrogen will be applied after livestock are removed and/or hay is cut; **do not apply Nitrogen before July 15 or after August 15.**
6. Failure to maintain stockpiled fields until all other fields have been utilized will result in forfeiture of your cost-share opportunity for this practice during this fiscal year.
7. A rotational grazing system will utilize the most of your stockpiled fields, i.e. use of temporary fence.
8. Tall fescue will respond best to extended grazing, so consider selecting fields for enrollment that have a greater fescue composition.
9. Only fields with a **minimum pH of 6.0** will be considered.
10. Only fields with a **MEDIUM** range of **Phosphorus (P)** and **Potassium (K)** will be eligible.
11. Practice will be considered complete after winter grazing has been accomplished.
12. Total reimbursement will not exceed total cost based on receipts submitted.

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 #:	