



Agricultural Enhancement Program

Nutrient Management Application

West Virginia
Conservation Agency

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

Farm Information
Conservation District: WEST FORK CONSERVATION DISTRICT
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
Nutrient Management (Commercial Fertilizer)	Not to exceed 20 acres. Covers payment for P (Phosphorus) fertilizer ONLY.	Flat rate of \$30. ⁰⁰ per acre Not to exceed \$600. ⁰⁰	_____ acres \$ _____	Min. pH of 6.0

Program Eligibility

A. Definition

1. To improve soil structure, soil tilth, reduce erosion, and improve plant productivity on permanent pasture land.

B. Purpose

1. Provide incentive for the maintenance of **PERMANENT PASTURE ONLY**.
2. Provide soil and watershed protection by increasing plant vigor and vitality therefore aiding in the reduction of erosion on grassland.
3. To budget and supply nutrients for plant production.

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. Practices must be completed and invoices must be submitted by _____.

D. Payment rates & limits:

1. The cost-share for this practice shall be \$30.⁰⁰ per acre for each applicant
2. Maximum of 20 acres per applicant.
3. 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.
4. No duplication of federal or state cost-share shall be allowed.
5. Practice must be complete and receipts must be sent to the District Office by the project deadline. **No extensions will be given**
6. Total reimbursement will not exceed total cost based on receipts submitted.

E. Practice Specifications

1. Please refer to job sheets provided at the time of approval and signing of contract.
2. 18-46-0 DAP fertilizer or 0-46-0 may be used for the program.
3. **Minimum pH of 6.0.**

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 #:	