



Agricultural Enhancement Program Urban Agriculture Application



West Virginia
Conservation Agency

FY19 Application for Sign Up Period One May 1st- June 15th

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

Farm Information
Conservation District: Capitol
County : Kanawha
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
Urban Agriculture	\$300.00 per co-operator *Cooperator Caps	50%	<input type="checkbox"/> Tumbler Compost Bins <input type="checkbox"/> Straw Mulch - (1 bale) <input type="checkbox"/> Raised Beds <input type="checkbox"/> Rain Barrel <input type="checkbox"/> Soil	

Program Eligibility

A. Definition: All Best Management Practices (BMP) must be purchased as a manufactured kit and built to manufactured instructions. BMPs are intended to address soil erosion and other related problems. **Purpose:** Provide assistance to urban landowners that are interested in agricultural practices. Rural landowners will not be excluded, providing soil and watershed protection by storm water management and soil erosion reduction, and encourage locally grown foods.

B. Policies for Practice

1. Applicant must be a District Cooperator.
2. Cost share is available to owner or lessee.
3. Applicant must provide map identifying tract and field along with proposed acreage.
4. *Program is limited to 2 (two) practices per cooperator.
5. *Program cap is \$1,000.00 (One-Thousand Dollars) per cooperator.
6. Application approvals will be made based upon availability of funds and based on the ranking form.
7. After approval applicant must follow job sheets for provided at the time of signing the contract.
8. **Invoices must be submitted December 28th, 2018.**

C. Payment rates & limits:

1. The maximum cost-share for this practice shall be at a **50%** rate up to **\$300** maximum.
2. Maximum of **\$300** per household per year.
3. The payment will be made after paid invoices are received, cooperator completes a W-9 form and completion of site visit.
4. No duplication of federal or state cost-share shall be allowed.
5. Capitol Conservation District does not reimburse sales tax amount.

D. 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 #:	