

## **Agricultural Enhancement Program**



West Virginia Conservation Agency  Roof Runoff Application FY2022					CAPITOL Conservation District	
Applicant Information				Farm Information		
Name:			Conservation District: Capitol			
Mailing Address:			County: Kanawha Farm Name:	-		
Telephone:			Farm #:			
Email Address:			Tract #:	Tract #:		
Application Date:			Field # or #'s:			
	I	Best Manag	gement Practice			
Please complete t	he following information for the E	Best Manager	ment Practice you would	l like to apply for:		
BMP	Limits	Cost-Share Rate		Amount applied for	Other	
Roof Runoff	Max Cost Share- \$600 Practice is limited to gutters, downspout, and concrete slab	50%		_ \$		
B. Purpose  1. Protect sur 2. Protect a s 3. Increase in 4. Capture w C. Policies for P  1. Appli 2. Cost s 3. Appli 4. *Prog 5. *Prog 6. Appli 7. After 8. 1st rog 9. "App D. Payment rate 1. The n 2. The p 3. No du	cant must be a District Cooperator. share is available to owner or lessee. cant must provide map identifying the gram is limited to 2 (two) practices per gram cap is \$2,000.00 (Two-Thousan cation approvals will be made based approval applicant must follow job sund invoices must be submitted by lications received by the 1st (first)	ract and field a er cooperator pad Dollars) per upon availabisheets provide a December 3 of the month all be at 50% ices are received shall be allowed to the shall be allowed	contaminated areas. ssion from excess water ru  along with proposed acrea plus 1 (one) lime program r cooperator. ility of funds and based on d at the time of signing the 1st, 2021. 2nd round, June are typically placed on t  cost share. ved, cooperator completes owed.	ge.  the ranking form. e contract. e 1st, 2022 hat month agenda."	site visit.	

## E. Practice Specifications

- 1. NRCS standards and specs must be followed.
- 2. After approval applicant must follow job sheets and or design provided at the time of signing the contract.
- 3. Lifespan of this practice is 15 years.

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 ON	LY:
Date Received:	
Time Received:	
Ranking Score:	
If Approved:	·
BD Date Approved:	
Contract Expiration Date:	
Application #:	
Verification #:	