



Agricultural Enhancement Program Nutrient Management Application

West Virginia
Conservation Agency

FY2025



Applicant Information	Farm Information
Name:	Conservation District: Capitol County: Kanawha 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
Fertilizer	Not to exceed 25 acres *Cooperator Cap	50% cost share	_____ acres	

Program Eligibility

- A. **Purpose:** To improve soil structure, better soil health and increase grassland production, provide incentive for grassland maintenance, and provide soil and watershed protection by increasing plant vigor and vitality therefore aiding in the reduction of grassland erosion.
- 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 trac and field along with proposed acreage.
 4. Cooperator is limited to 2 (two) practices per cooperator plus 1 (one) lime program per fiscal year.
 5. Cooperator cap is \$4,000.00 (Four-Thousand Dollars) per fiscal year.
 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 provided at the time of signing the contract.
 8. **1st round invoices must be submitted by December 1st, 2024. 2nd round, June 1st, 2025.**
 9. Soil pH must be 5.6 or higher.
 10. "Applications received by 1st (first) of every month are typically placed on that month agenda."
- C. **Payment rates & limits:**
1. The maximum cost-share for this practice shall be at a 50% cost share.
 2. Maximum of **25** acres per applicant.
 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.

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 #:	