

Capitol Conservation District Agricultural Enhancement Program FY 26 High Tunnel Soil Health Application

Applicant Information	Farm Information
Name:	Conservation District: Capitol Conservation District
Mailing Address:	County:
Telephone:	Farm Name:
Email Address:	Farm #:
Application Date:	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
<u>HT Soil Heath</u>	<ul style="list-style-type: none"> 2 layers of plastic Cover Crop End Walls Side Curtains 	50% of receipts not to exceed \$750.00	Size of High Tunnel Length: Width:	Single or Double Layer Plastic

Program Eligibility

A. Definition

Cost share incentive to assist cooperators to remove and replace high tunnel plastic that is 5 years or older to optimize soil and plant health.

B. Purpose

Provide increased plant and soil health in high tunnels by removing old plastic and allowing rain to leach high concentrations of salts from the soil, establish a cover crop to provide increased organic matter and soil microbial health, and improve growing conditions for future crops with the addition of new plastic.

C. Policies for Practice

1. Applicant must be a District Cooperator.
2. **Total maximum cost share payment of \$4,000.00 per fiscal year per cooperator.**
3. A W-9 tax form will be required with application for District tax purposes.
4. Cooperator must have an installed and actively managed NRCS high tunnel that is at least 5 years old.
5. Practices must be completed by **December 30th 2025 or June 1st 2026.**
6. Cost share is available to owner or lessee.
7. **Cooperator must take soil samples at the time of application and prior to installing new plastic. Soil should be analyzed for Electric Conductivity - EC (indicator of salt level)**
8. A multi species cover crop consisting of no less than 3 species shall be planted after removal of the used plastic
 - Barley, Spring Wheat, White Clover, Field Peas, Oats, Winter Rye, Hairy Vetch, Crimson Clover, Sweet Clover, Sudan Grass, Buckwheat, and/or Sunn Hemp
9. NRCS standards and specs must be followed.
10. Application approvals will be made based upon availability of funds and based on the ranking form.
11. After approval applicant must follow any job sheets that are provided at the time of signing the contract.

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be 50% not to exceed **\$750.00**.
2. Cost-sharing may be authorized for removal and purchase of single or double layer of plastic, meeting NRCS Specifications (6 mil, 4-year plastic).
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. Soil must be covered to reduce soil erosion during the time in which the plastic is removed by the following methods:
 - If plastic is removed before April 30th, straw mulch shall be applied at a rate of 3 bales per 1000 square foot. Mulch shall be applied according to NRCS specifications and anchoring may be required.
 - If plastic is removed from April 30th- August 30th, straw as described above shall be applied, vegetable crops planted and actively growing, or a multi species cover crop must be planted and/ or maintained. Fall cover crop is required according to NRCS standards and specifications.
 - If plastic is removed after August 30th, a multi species cover crop must be planted inside the high tunnel by September 15th

DI. Practice Question (Please mark YES or NO for each question)

1. Has the cooperator participated in conservation related educational events within the past 12 months? **YES OR NO**
2. Are you a first time applicant? **YES OR NO**
3. Is the high tunnel at least 5 years old and are crops actively grown in the high tunnel? **YES OR NO**
4. Has crop loss occurred? **YES OR NO**
5. Is the applicant currently using a cover crop in the high tunnel? **YES OR NO**
6. Will the practice provide food for personal use? **YES OR NO**
7. Does the applicant currently sell and/ or donate for community benefit? **YES OR NO**

F. 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 #:	