

Agricultural Enhancement Program Frost Seeding Application

FY26

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
Frost Seeding	Not to exceed 20 acres Not to exceed \$500 *Cooperator Caps	50% Up to \$20.00 per acre LEGUMES ONLY	_____ acres	

Program Eligibility

A. Purpose: Reduce soil erosion, improve or maintain livestock nutrition health, improve soil and water quality, and provide incentive for maintenance of agricultural lands.

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. NRCS standards and specs must be followed.
 1. *Program is limited to 2 (two) practices per cooperator plus 1 (one) lime program.
 2. *Program cap is \$4,000.00 (One-Thousand Dollars) per cooperator.
5. Methods of seeding stands must be established by frost seeding.
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. **Invoice must be submitted by March 15th, 2026**
9. The practice must be complete by **March 1, 2026**.
10. Soil test must indicate pH of 5.6 or greater.
11. **"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 a 50% cost share not to exceed \$500.00 on **legume seeds only**.
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 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 #:	

