

Agricultural Enhancement Program Heavy Use Protection Application

FY26

Applicant Information	Farm Information
Name:	Conservation District: Capitol
Mailing Address:	County: Kanawha
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
Heavy Use	Not to exceed 2000 sq. ft. *Cooperator Caps	\$1.00 per sq. ft.	_____ acres	

Program Eligibility

A. Definition: To stabilize areas frequently and intensively used by where livestock congregate to improve soil and water quality by reducing excessive runoff of sediment.

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 plus 1 (one) lime program.
5. *Program cap is \$4,000.00 (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 provided at the time of signing the contract.
8. **1st round invoices must be submitted December 1st, 2025. 2nd round, June 1st, 2026**
9. Landowner agrees to maintain this practice for a period of at least 5 years after the date of completion.

C. **Payment rates & limits:**

1. The maximum cost-share for this practice shall be at a \$1.00 per sq. ft.
2. Maximum \$4000.00 cost share amount 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 #:	