



# Agricultural Enhancement Program Hay Reseeding Application



West Virginia  
Conservation Agency

FY2027

Applicant Information	Farm Information
<b>Name:</b>	Conservation District: Capitol
<b>Mailing Address:</b>	County :Kanawha
<b>Telephone:</b>	Farm Name:
<b>Email Address:</b>	Farm # :
<b>Application Date:</b>	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
<b>Hay Reseed</b>	Not to exceed <b>20</b> acres Not to exceed <b>\$500.00</b> *Cooperator Caps	<i>Up to \$50.00 per acre</i> 50%, Seed Only	_____ acres	

## Program Eligibility

**A. Purpose:** Increase forage supply during periods of low forage production, reducing soil erosion, and to improve soil and water quality.

**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. NRCS standards and specs must be followed.
5. Cooperator is limited to 2 (two) practices plus 1 (one) lime program per fiscal year.
6. Cooperator cap is \$5,000.00 (Five-Thousand Dollars) per fiscal year.
7. Methods of seeding stands may be established either by conventional or no till.
8. Current soil test **must indicate a pH of 5.6 or greater.**
9. Application approvals will be made based upon availability of funds and based on the ranking form.
10. After approval applicant must follow any job sheets that are provided at the time of signing the contract.
11. **“Applications received by 1<sup>st</sup> (first) of every month are typically placed on that month agenda.”**
12. **1<sup>st</sup> round invoices must be submitted by December 1<sup>st</sup>, 2026. 2<sup>nd</sup> round, June 1<sup>st</sup>, 2027.**

**C. Payment rates & limits:**

1. The maximum cost-share for this practice shall be **50% cost share per acre** maximum on 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 on sales tax amount.

**CI. 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:	
<b>Date Received:</b>	
<b>Time Received:</b>	
<b>Ranking Score:</b>	
<b>If Approved:</b>	
<b>BD Date Approved:</b>	
<b>Contract Expiration Date:</b>	
<b>Application #:</b>	
<b>Verification #:</b>	