



Agricultural Enhancement Program Pollinator Planting Application

FY2027



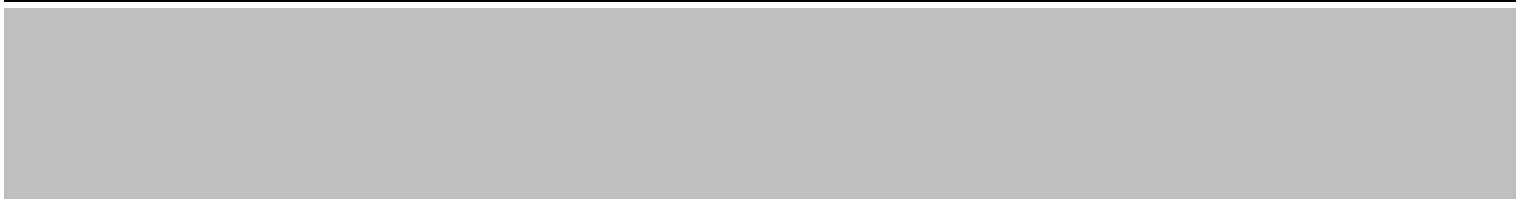
Applicant Information
Name:
Mailing Address:
Telephone:
Email Address:
Application Date:

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
Pollinator Planting	Not to exceed ½ acre seed planting Not to exceed \$225	75% cost-share rate *cooperator caps	_____ acre	



BMP	Limits	Cost-Share Rate	Amount applied for	Other
Solitaire Bee Nest	Nesting blocks and insect hotels may be purchased or installed according to Xerces Society recommendations	75% cost-share rate *cooperator caps	_____ Nests	

A. Purpose: Create and enhance pollinator habitat, provide pollination insects with supplemental plants.

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.
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. Seeding area pH must be 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 job sheets provided at the time of signing the contract.
11. **1st round invoices must be submitted by December 1st, 2026. 2nd round, June 1st, 2027.**
12. "Applications received by the 1st (first) of the month are typically placed on that month agenda."

C. Payment rates & limits:

1. The maximum cost-share for this practice shall be at 75% rate up to \$225 maximum on seeds.
2. The payment will be made after paid invoices are received, cooperator completes a W-9 form and completion of site visit.
3. No duplication of federal or state cost-share shall be allowed.
4. 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 #:	