West Virginia Conservation Agency

FY27 Agricultural Enhancement Program

Heavy Use Area Protection Application

Application Period: November 1, 2026 - May 1, 2027

Information below MUST match that of the W9.

Name:	**Conservation District:** Capitol CD
Mailing Address:	**County:**
	Farm Name:
Telephone:	**Farm #:**
Email Address:	**Tract #:**
Application Date:	**Field # or #s:**

What is your preferred method to receive written notification?	**Email**	**Letter**
What is the best way to contact you?	**Call**	**Text**
Do you own or lease the land associated with this application?	**Own**	**Lease**
Are the fields associated with this application part of another financial incentive program?	**Yes**	**No**
Is the land associated with this application part of a farming operation?	**Yes**	**No**
Do you have a financial interest in a farming entity with a district supervisor?	**Yes**	**No**
Are you a relative of a district supervisor, WVCA Employee, or district employee?	**Yes**	**No**
Have you attended a conservation related event or workshop within the past 12 months?	**Yes**	**No**

Best Management Practice

BMP	Limits	Cost-Share Rate	Material Requested
Heavy Use Area Protection	**NTE** 2,000 **sq. ft.**	**$** 1.00 **/sq. ft.**	**___Stone**

Program Eligibility

Definition:

The stabilization of area is frequently and intensively used by animals and/or vehicles by surfacing with suitable materials. The base shall be either gravel, crushed stone, or geotextile to provide the site with a need for increased load bearing strength, drainage, separation of material, or soil reinforcement.

Purpose:

To create a stable, non-eroding surface around livestock feeding/watering areas, heavy traffic paths, or farm machinery lanes.

Policies for Practice:

1. Applicant must be a district cooperator.
2. W-9 tax form is required with application for district tax purposes.
3. Cost Share is available to owner and/or lessee.
4. Applicants must provide a map identifying fields and acreages.
5. WVCA standards and specs must be followed.
6. Approval will be considered on _____a continuous basis_____.
7. Application approvals will be based on ranking form and availability of funds.
8. After approval, applicant must follow job sheet provided at the time of signing contract.
9. Invoices must be submitted by _____June 1, 2027_____.

Payment rates & limits:

1. The maximum cost-share for this practice shall be $ 1.00 /sq. ft. rate up to $ 2,000 .
2. The payment will be made after paid invoices are received, cooperator completes w-9, and a verification site visit has been completed.
3. No duplication of federal and state cost share shall be allowed.

By signing this, I have read, understand, and agree to the terms and conditions stated in this document.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY	
Date Received	
Time Received	
Ranking Score	
If Approved	
Date Approved	
Contract Expiration Date	
Application Number	
Verification Number	