West Virginia Conservation Agency

FY27 Agricultural Enhancement Program

High Tunnel Soil Health 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	Amount applied for
High Tunnel Soil Health	-2 layers of plastic -cover crop -end walls -Side Curtains	50% up to $750.00	**Size of High Tunnel** **Length: _____** **Width: _____** **# Layer Plastic _____**

Program Eligibility

Definition:

High tunnel soil health is defined as managing the soil as a living ecosystem that maintains fertility and structure despite being protected from rain, which often causes high salinity (salt accumulation), pH imbalances, and nutrient buildup due to intense production.

Purpose:

The primary purpose of high tunnel soil health management is to sustain long-term, intensive agricultural production by preventing soil degradation, such as salt buildup, nutrient imbalances, and erosion.

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_____.

Practice Specification:

1. Cooperator must have an installed and actively managed NRCS high tunnel that is at least 5 years old.
2. Cooperator must take soil samples at the time of application and prior to installing new plastic. Soil should be analyzed for Electric Conductivity - EC (indicator of salt level).
3. A multi species cover crop, consisting of no less than 3 species, shall be planted after removal of the used plastic.
4. Soil must be covered to reduce soil erosion during the time in which the plastic is removed by the following methods:
    a. If plastic is removed before April 30th, straw mulch shall be applied at a rate of 3 bales per 1000 square feet. Mulch shall be applied according to NRCS specifications and anchoring may be required.
    b. If plastic is removed from April 30th- August 30th, straw as described above shall be applied, vegetable crops planted and actively growing, or a multi species cover crop must be planted and/or maintained. Fall cover crops are required.
    c. If plastic is removed after August 30th, a multi species cover crop must be planted inside the high tunnel by September 15th.

Payment rates & limits:

1. The maximum cost-share for this practice shall be 50% up to $750.00.
2. Cost-sharing may be authorized for removal and purchase of single or double layer of plastic, meeting NRCS Specifications (6 mil, 4-year plastic).
3. The payment will be made after paid invoices are received, cooperator completes w-9, and a verification site visit has been completed.
4. 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	