West Virginia Conservation Agency

FY27 Agricultural Enhancement Program

Invasive Species Management 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	Materials Requested
Invasive Species Management	up to $1,000.00	50% Chemical Cost $75/ac Mechanical $100/ac Heavy Mechanical	

Program Eligibility

Definition:

The removal or control of herbaceous weeds and woody plants include invasive, noxious, and prohibited plants.

Purpose:

Enhance accessibility, quantity, and quality of forage and/or browse. Restore or release native or create desired plant communities and wildlife habitats consistent with the ecological site. Protect soil and control erosion. Reduce fine-fuels fire hazard and improve air quality.

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_____.
10. If self-applying chemical, producer must turn in documentation of labor with receipts upon completion.

Payment rates & limits:

1. Cost Share rates for commercially applied chemicals shall be __see table page 1__ (Applicants must have commercial applicators license).
2. Cost Share rate for producers that self-apply shall be _____see table page 1_____.
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	