West Virginia Conservation Agency

FY27 Agricultural Enhancement Program

Nutrient 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	Amount applied for
Nutrient Management	not to exceed 25 acres max $3,000.00	50% cost of fertilizer only	**____ acres**

Program Eligibility

Definition:

To apply commercial fertilizer to improve soil structure, soil tilth, reduce erosion, and improve plant productivity on pasture field(s). Pasture is defined as land that is fenced and used to grow forage for grazing livestock.

Purpose:

Nutrient Management is used to budget and supply nutrients for plant production. This practice provides incentive for the maintenance of pasture fields, providing soil and watershed protection by increasing plant vigor and vitality. Therefore, aiding in the reduction of erosion on grassland.

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 are ineligible for practice reimbursement if he/she starts project before district approval.
5. Applicants must provide a map identifying fields and acreages.
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.

Practice Specifications:

1. Cost share is available on ____Hay and Pasture Fields____.
2. Current soil tests (within the past 3 years) are required and must come from a certified laboratory.
3. Soil pH must be 5.6 or greater.
4. Soil fertility on planned fields must be below High or Optimum nutrient levels on the most current soil test.
5. WVCA standards and specs must be followed.
6. Recommendations for fertilizer rates will come from WVU Extension Service, Certified Soil Laboratory Results, or a WV Certified Nutrient Management Planner Field eligible will be on a 3-year rotation for application.
7. Approved fertilizers are limited to ___Soil test recommendations___.
8. The fertilizer must be purchased and spread no later than ____June 1, 2027____.

Payment rates & limits:

1. The maximum cost-share for this practice shall be ___50% cost of fertilizer only___.
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	