



FY27 Agricultural Enhancement Program  
**Pollination Application**

Application Period: \_\_\_\_\_

Information below **MUST** match that of the W9.

Name:		Conservation District:		
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	
Pollination		_____% Cost DNE: \$ _____	____Habitat Plot ____Delayed Mowing

**Program Eligibility**

**Definition:**

Pollination planting involves establishing native, nectar-rich, or showy plants to support, attract, and provide habitats for bees, butterflies, and hummingbirds, ensuring reproductive success for flowers and crops. Pollination practices establish new pollinator habitats, manage/improve existing habitat, and increase healthy pollinator populations.

**Purpose:**

Maintaining healthy pollinator habitats can improve water quality, provide habitat for other wildlife, and help stabilize and build soil structure. Pollinators will be able to provide the service they offer to crops that depend on them to produce fruits, vegetables, and nuts.

**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. Approval will be considered on \_\_\_\_\_.
6. Application approvals will be based on ranking form and availability of funds.
7. After approval, applicant must follow job sheet provided at the time of signing contract.
8. Invoices must be submitted by \_\_\_\_\_.

**Practice Specifications:**

1. WVCA standards and specs must be followed.
2. Pollinator habitat must be established and/or maintained by criteria included in the NRCS WV Pollinator Handbook.
3. Land that is feasible for the establishment of pollinator habit plots may be planted in native pollinator seed mixes and/or native forbs using plugs
4. Managed agriculture land may be used for the delayed mowing practice which can include hayfields, pastures, and cropland
5. The delayed mowing practice shall take place on approved acreage during a twelve-month period from July – June to provide undisturbed habitat and nesting sites. No mowing may occur from July 1st – November 1<sup>st</sup>.

**Payment rates & limits:**

1. The maximum cost-share for this practice shall be \_\_\_\_\_.
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	