



FY27 Agricultural Enhancement Program

**Pollinators 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	Practice(s) Requested
Pollinators		_____ % Cost DNE: \$ _____	___ Solitary Bee Nest ___ Honeybee ___ Nucleus Colonies

**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.

**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 \_\_\_\_\_.
9. To qualify for the Honeybee Nucleus practice, a beginning or advanced beekeeping course must have been completed within the past 10 years and/or cooperator is an active member of a local beekeeping organization

**Practice Specifications:**

1. WVCA standards and specs must be followed.
2. Applicants must follow all WVDA best management practices.
3. Nucleus colonies must be purchased according to the following guidelines:
  - a. Nuc must be sourced from West Virginia.
  - b. Nuc must be pre-inspected by WVDA.
  - c. Nuc must be at least 5 frames.
  - d. Honey and Pollen must be provided with the nucleus.
  - e. Nuc must contain a new queen.
  - f. All state and local laws must be followed while transporting honeybees.
  - g. All state and local laws must be followed while operating an apiary, such laws would include but are not limited to registration and inspection of hives.

**Payment rates & limits:**

1. The maximum cost-share for this practice shall be a \_\_\_\_\_% rate up to \$\_\_\_\_\_.
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:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Date Received	
Time Received	
Ranking Score	
If Approved	
Date Approved	
Contract Expiration Date	
Application Number	
Verification Number	