West Virginia Conservation Agency

Agricultural Enhancement Program Application
Exigency Program
Cover Crop Establishment

Sign up period: Starting 9/22/25-10/27/2025

Applicant Information	Farm Information
Name:	**Conservation District:**
Mailing Address:	**County:**
	Farm Name:
Telephone:	**Farm #/Tract #:**
Email Address:	
Application Date:	

Best Management Practice

Practice	Limits	Cost-Share Rate	Area to be seeded *(Square feet or acres)*
Establish cover crops to prevent soil erosion during or following drought.	- Seed - Seeder Rental Fee	50% cost share up to a maximum reimbursement of $500	

Program Eligibility

Is this practice approved for financial assistance through another program? _____ Yes _____ No (If yes, not eligible)
Have you submitted a current (less than 3 years old) soil analysis of the area? _____ Yes _____ No (If no, not eligible)

A. Policies for Practice

1. Applicant must be a District Cooperator.
2. By participating in this program, the cooperator agrees to contact the Conservation District for conservation planning assistance.
3. A W-9 tax form will be required with application.
4. Cost share is available to land owner or lessee.
5. Treatment area associated with application has been used for hay/crop harvesting, grazing, or feeding livestock during recent drought conditions.
6. Application approvals will be made by the Conservation District based upon availability of funds.
7. Applications and invoices must be submitted by **4:00 pm on 10/27/2025**.
8. The lifespan for cover crop establishment is a 1 year lifespan.

B. Payment rates & limits:

1. The cost-share rate for this practice shall be 50% up to a maximum reimbursement of $500 per cooperator for the purpose of revegetating feeding areas.
2. To receive payment, applications must be approved by the Conservation District Board. Retroactive payments are permitted if practices components are purchased between **September 2, 2025- October 27, 2025**.
3. Payment approval will be authorized by Conservation District Board based on availability of funds. Cooperator must submit paid invoices, complete a W-9 form and contact Conservation District to verify practice implementation prior to receiving payment.
4. No duplication of federal or state cost-share shall be allowed.

By signing this I have read, understand, and agree to the terms and conditions stated in this document.

Farm Name (if applicable): _____

Applicant Signature: _____ Date: _____

OFFICE USE ONLY:	
Date Received:	
Time Received:	
Ranking Score:	
If Approved:	
CD Board Approval Date	
Contract Expiration Date:	
Application #:	
Transaction #:	

Please Drop Off or Return Applications to:

Tygarts Valley Conservation District

16346 Barbour County Hwy, Philippi, WV 26416