West Virginia Conservation Agency

Agricultural Enhancement Program Application
Exigency Program
Irrigation Water Supply

Sign up period: 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	Agricultural products to be irrigated	Area to be irrigated *(Square feet or acres)*
Supplying water to agricultural products that require irrigation during a water shortage or other water crisis.	- Portable Water Tank - Water Pump - Portable Pipeline - Associated Vales & Fittings - Drip Irrigation Line - Irrigation Timer - Mulch	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)

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. Tank(s) must be used to haul irrigation water and cannot be used to haul water for human consumption.
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 the water components of this practice is 5 years. Mulch has 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 irrigating agricultural crops.
2. To receive payment, applications must be approved by the Conservation District Board. Retroactive payments are permitted if tanks(s) and associated fittings are purchased **between 9/2/2025 and 10/27/2025**.
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.

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

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: _____

Return completed application to:

Tygarts Valley Conservation District

16346 Barbour County Hwy, Philippi, WV 26416