



Agricultural Enhancement Program Application

Exigency Program Revegetation of Feeding Areas

Sign Up Period: 9/22/2025 - 10/27/2025

Applicant Information			Farm Information	
Name:			Conservation District:	
Mailing Address:			County:	
Telephone:			Farm Name:	
Email Address:			Farm #/Tract #:	
Application Date:				
Best Management Practice				
Practice	Limits	Cost-Share Rate	Area to be seeded (Square feet or acres)	
Establish vegetative cover on feeding areas following a declared exigency.	- 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)

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 landowner or lessee.
5. Treatment area associated with application has been used as a feeding area during the most recent drought or winter season.
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 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 9/2/25 - 10/27/25**.
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 #:	

Return completed application to:

Tygarts Valley Conservation District
16346 Barbour County Hwy, Philippi, WV 26416