Agricultural Enhancement Program Application Exigency Program Temporary Fence

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



Applicant information			railli illiorillation					
Name:			Conservation District:					
Mailing Address:			County:					
			Farm Name:					
Telephone:			Farm #/Tract #:					
Email Address:								
Application Date:								
Best Management Practice								
Practice	Limits	Cost-Share Rate		Type & Number of Livestock Present	Feet of Fence			
Installing temporary fence to limit livestock access for the protection of natural resources when an exigency has been declared.	 Polywire High Tensile Wire Temporary Electric Net Fence Insulators Tighteners Staples Step In Posts T-Posts Corner Bracing Materials Wooden Posts Fence Chargers Ground Rods Connectors 	50% cost share up to a maximum reimbursement of \$500						
Program Eligibility								
Is this practice approved A. Policies for Practic	_	h another progr	ram?	YesNo (If yes, not el	igible)			

- 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. Cooperator must be engaged in livestock production at the time of application.
- 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 5 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 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 agrestated in this document.	ee to the terms and conditions
Farm Name (if applicable):	
Applicant Signature:	Date:
eturn completed application to:	

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

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