



Potomac Valley Conservation District Agricultural Enhancement Program Summer Annual Seeding Application

Sign up period: December 1, 2023, through January 12, 2024

Applicant Information	Farm Information
Name:	Conservation District:
Mailing Address:	County :
Telephone:	Farm Name:
Email Address:	Farm # :
Application Date:	Tract # :
	Field # or #'s:

Best Management Practice

Please complete the following information for the Best Management Practice you would like to apply for:

BMP	Limits	Cost-Share Rate	Amount applied for	Crop to be planted
<u>Summer Annual Seeding</u>	Not to exceed 50 acres Hay or pasture fields eligible	\$60.00 per acre with a maximum of \$3,000.00 (50-acre Max)	_____ acres	

Program Eligibility

A. Definition

Summer annual forages are known for their remarkable ability to grow fast and produce several tons of forage in a short time period, even during periods of drought. Warm season growth compliments the dormant stage for cool season forages.

B. Purpose

The establishment of warm season annual seeding should occur on land that has been regularly fed on/sacrifice areas, pasture that needs maintenance, to control unwanted plant species, in preparation for pasture renovation, and/or to increase grazing potential on a farm that is predominantly cool season forages

C. Policies for Practice

1. Application for this practice will be available **December 1, 2023, through January 12, 2024.**
2. Applicant must be a District Cooperator.
3. A W-9 tax form will be required with application for District tax purposes.
4. Cost share is available to owner or lessee.
5. Applicant must provide map identifying tract and field along with proposed acreage.
6. Applicants must also provide soil test results for field applied.
7. Soil sample results must be within past 3 yrs.
8. NRCS standards and specs must be followed.
9. Approvals will be final on **the second Tuesday of February.**
10. Application approvals will be made based upon availability of funds and based on the ranking form.
11. Invoices must be submitted by **May 24, 2024, 4:00PM.**
12. No duplication of federal or state dollars shall be allowable.
13. Program guidelines require publication of approved applications.
14. **Producers are only eligible for 2 AgEP practices per Fiscal Year.**
15. **Landowner/Cooperator Agreement MUST be signed and returned within 45 days or funding will be forfeited.**
16. **Beginning Fiscal Year 2023-24, cooperators must complete ALL practices that they are approved for, or they will be ineligible to apply for 1 year.**

D. Payment rates & limits:

1. The cost-share for this practice shall be at a \$60.00 per acre with a maximum of \$3,000.00.
2. Maximum of 50 acres per applicant.
3. The payment will be made **within 45 days** after paid invoices are received, cooperator completes a W-9 form and the AEP committee has made a site visit.
4. No duplication of federal or state cost-share shall be allowed.

5. Approved Summer Annual varieties are as follows:

- Sorghum (forage), Sudangrass, Sorghum Sudangrass, Millet, Crabgrass, Teff, Cowpeas, Sunhemp, Brassicas, Sunflower, Clover, Annual Rye. Additionally, cool season forages will only be accepted if they are already in the seed mix and they do not make up the majority of the mix.

E. Practice Specifications

1. All seed must be free of prohibited noxious weed seed and have a minimum germination rate of 80%. If the grower elects to use home grown seed, it must be tested for purity, germination, and noxious weeds prior to seeding by a recognized seed laboratory.
2. Methods of seeding stands may be established either by conventional or no till.
3. Lifespan of this practice is one (1) year.
4. **Fields approved for Summer Annual Seeding are not Eligible for Cover Crop Payments.**

OFFICE USE ONLY:	
Date Received:	
Time Received:	
Ranking Score:	
If Approved:	
BD Date Approved:	
Contract Expiration Date:	
Application #:	
Verification #:	

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

Farm Name (if applicable): _____

Applicants Signature: _____ **Date:** _____