

# Guyana Conservation District Agricultural Enhancement Program FY18 Frost Seeding Application

Applicant Information	Farm Information
Name:	Conservation District: County : Farm Name: Farm # : Tract # : Field # or #'s:
Mailing Address:	
Telephone:	
Email Address:	
Application Date:	
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	Other
Frost Seeding	Not to exceed: 50 acres	\$10.00/acre Not to exceed \$500.00	_____ acres	

## Program Eligibility

### A. Definition

Cost share incentive to assist with the purchase of legume seed and labor to establish legumes on pasture and or meadow.

### B. Purpose

To facilitate nitrogen fixation to reduce chemical fertilizer input. Improve or maintain livestock nutrition and or health. Provide or increase forage supply during periods of low forage production. Reduce soil erosion. Improve soil and water quality

### C. Policies for Practice

1. Applicant must be a District Cooperator.
2. Current soil test must come from a certified laboratory. The WVU laboratory is preferred.
3. A soil test is considered current if it is less than (3) three years of the date the practice is requested.
4. Soil test pH must be greater than or equal to 6.0 to be eligible.
5. Pasture contains less than 30% legumes (To be verified by GCD AG EP designee)
6. Practice window shall be between February 1 to March 1.
7. **Previously seeded areas are not eligible for 3 years.**
8. A W-9 tax form will be required with application for District tax purposes.
9. Cost share is available to owner or lessee.
10. Applicant must provide map identifying tract and field along with proposed acreage.
11. NRCS standards and specs must be followed.
12. Methods of seeding stands may be established either by conventional or no till.
13. Approvals will be final on \_\_\_\_\_.
14. Application approvals will be made based upon availability of funds and based on the ranking form.
15. After approval applicant must follow job sheets provided at the time of signing the contract.
16. Invoices must be submitted by \_\_\_\_\_.
17. Failure to complete practice may affect future funding.

### D. Payment rates & limits:

1. The maximum cost-share for this practice shall be up to \$10.00 per acre maximum on **pasture** and/or **meadow** only.
2. Maximum of **50** acres per applicant.
3. The payment will be made 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.

**E. Practice Specifications**

1. Please refer to job sheets provided at the time of approval and signing of contract.

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:	
BD Date Approved:	
Contract Expiration Date:	
Application #:	
Verification #:	