



Agricultural Enhancement Program – Emergency Assistance Application Revegetation of Feeding Areas

West Virginia
Conservation Agency

Applicant Information
Name:
Mailing Address:
Telephone:
Email Address:
Application Date:

Farm Information
Conservation District: Tygarts Valley
County :
Farm Name:
Farm # :
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	Other
Revegetation of Feeding Areas	Not to exceed 50 acres per farm.	\$60/acre flat rate	_____ acres	

Program Eligibility

Is this practice approved for financial assistance through another program? ____ Yes ____ No (if yes, not eligible)

Is this practice covered under private insurance policy? ____ Yes ____ No (if yes, not eligible)

Was this practice installed as part of a cost share program/project? ____ Yes ____ No Select: AgEP 319

Other _____

A. Policies for Practice

1. Applicant must be a District Cooperator.
2. A W-9 tax form will be required with application.
3. Cost share is available to owner or lessee.
4. Applicant must provide map identifying tract and field along with proposed acreage.
5. Technical guidance from WVU Extension and/or NRCS standard must be followed.
6. Application approvals will be made by the Conservation District based upon site visit and availability of funds.
7. Invoices must be submitted by May 31, 2019.

B. Payment rates & limits:

1. The cost-share rate for this practice shall be \$60 per acre.
2. Maximum of 50 acres per applicant.
3. Payment approval will be authorized by district board. 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:	
BD Date Approved:	
Contract Expiration Date:	
Application #:	
Verification #:	

