



Agricultural Enhancement Program Frost Seeding Application

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

Farm Information
Conservation District: WEST FORK CONSERVATION DISTRICT
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	Crop to be planted
Frost Seeding	Not to exceed 50 acres Seeding must be completed by March 15	Up to <u>\$15.00</u> per acre with a maximum of \$750.00 (50 acre Max)	_____ acres	

Program Eligibility

A. Definition

Frost seeding is an economical method of improving pasture and hay fields by broadcasting the seed on frozen ground. As the ground freezes and thaws, it opens and closes allowing the seed to be incorporated into the soil. This keeps the seed from germinating until there is a good moisture supply early in the spring.

B. Purpose

Frost seeding legumes and grasses is increasingly being used as a means to improve pasture yields or change forage species composition within the pasture. Frost seeding offers several potential advantages. These include the ability to establish forage in an undisturbed sod, a reduced need for labor and energy compared to conventional seeding methods, the ability to establish forages with minimum equipment investment, a shortened "non-grazing" period, and it is a method to maintain stands at productive levels with both grasses and legumes.

C. Policies for Practice

1. Applicant must be a District Cooperator.
2. A W-9 tax form will be required with application for District tax purposes.
3. Cost share is available to owner or lessee.
4. Applicant must provide map identifying tract and field along with proposed acreage.
5. Applicants must also provide soil test results for field applied.
6. Soil sample results must be within past 3 yrs.
7. NRCS standards and specs must be followed.
8. Approvals will be final on _____.
9. Application approvals will be made based upon availability of funds and based on the ranking form.
10. After approval applicant must follow job sheets provided at the time of signing the contract.
11. Seeding must be completed by _____.
12. Invoices must be submitted by _____.
13. **Only Legumes** are acceptable for planting.
14. No duplication of federal or state dollars shall be allowable.

D. Payment rates & limits:

1. The cost-share for this practice will pay up to \$15.00 per acre not to exceed \$750.00.
2. Maximum of 50 acres per applicant.
3. Payments will not exceed the expenses submitted at time of completion (receipts).
4. Seeder rental costs have been factored into the cost share rate, receipts will be accepted as part of the \$50/ac. reimbursement
5. The payment will be made after paid invoices are received, cooperator completes a W-9 form and the AgEP committee has made a site visit.
6. No duplication of federal or state cost-share shall be allowed.

7. Each applicant is limited to two (2) approved cost share contracts per fiscal year.

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.

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:** _____

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