



# Guyan Conservation District Agricultural Enhancement Program FY 18 Crop Micro-Irrigation

Applicant Information	Farm Information
<b>Name:</b>	<b>Conservation District:</b>
<b>Mailing Address:</b>	<b>County :</b>
<b>Telephone:</b>	<b>Farm Name:</b>
<b>Email Address:</b>	<b>Farm # :</b>
<b>Application Date:</b>	<b>Tract # :</b>
	<b>Field # or #'s:</b>
<b>Best Management Practice</b>	

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

BMP	Limits	Cost-Share Rate	Amount applied for
<u>Micro Irrigation</u>	\$1,000.00 Maximum reimbursement	75% of materials purchased	_____ feet

## Program Eligibility

### A. Definition

Cost share incentive to assist with the purchase of a crop micro irrigation system to improve plant health and vigor.

### B. Purpose

To provide the proper amount of moisture to plants and to limit the amount of excess fertilizers into the soil.

### 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 footage.
5. NRCS standards and specs must be followed.
6. Approvals will be final on \_\_\_\_\_.
7. Application approvals will be made based upon availability of funds and based on the ranking form.
8. After approval applicant must follow job sheets provided at the time of signing the contract.
9. Invoices must be submitted by \_\_\_\_\_.
10. Failure to complete practice may affect future funding.

### D. Payment rates & limits:

1. The maximum cost-share for this practice shall be 75% of materials purchased.
2. Maximum cost reimbursement of \$1,000 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:	
<b>Date Received:</b>	
<b>Time Received:</b>	
<b>Ranking Score:</b>	
<b>If Approved:</b>	
<b>BD Date Approved:</b>	
<b>Contract Expiration Date:</b>	
<b>Application #:</b>	
<b>Verification #:</b>	