



West Virginia
Conservation Agency

Guyana Conservation District Agricultural Enhancement Program FY 19 Urban Agriculture Application

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	Other
Urban Agriculture	Not to exceed a total of: \$300.00	75% of receipts	Raised Bed	
			Cover Crop	
			Low Tunnel	
			Straw Mulch	

Program Eligibility

A. Definition

Cost share incentive to assist with the purchase of a commercially produced raised bed, low tunnel, cover crop, and straw mulch.

B. Purpose

Provide agricultural assistance to landowners interested in vegetable gardening. To encourage nontraditional participation in soil and water conservation practices. Provide soil and watershed protection by storm water management and soil erosion reduction. Encourage locally grown foods.

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. Only 1 Low Tunnel per household. Can reapply for practice after 3 years.
5. Applicant must provide map identifying tract and field along with proposed acreage.
6. NRCS standards and specs must be followed. Practice shall be maintained for a minimum of 3 years after the approval of the practice.
7. Approvals will be final on _____.
8. Application approvals will be made based upon availability of funds and based on the ranking form.
9. After approval, applicant must follow the job sheet provided at the time of signing the contract.
10. All receipts must be submitted with invoice.
11. Invoices must be submitted by _____.
12. Failure to complete practice may affect future funding.

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be at \$300.00 per cooperator.
2. 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.
3. No duplication of federal or state cost-share shall be allowed.

E. Practice Specifications

1. Please refer to the job sheet 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 #:	