



# Guyana Conservation District Agricultural Enhancement Program FY 19 Invasive Species Management 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
<u>Invasive Species Mgmt.</u>	Not to exceed: 2 Brush Acres	Cost Share Rate: \$100.00 per brush acre Not to exceed: \$200.00	_____ acres	

### Program Eligibility

**A. Definition**

Cost share incentive to assist with management of invasive species on pasture and hay land.

**B. Purpose**

Provide incentive for the control of invasive species on pasture and hay land.

**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. After (3) three years the initial acreage is eligible for re-application.
5. Applicant must provide map identifying tract and field along with proposed acreage.
6. NRCS standards and specs must be followed.
7. Invasive Species will be treated by using the hack and squirt herbicide method or the basil bark method. No foliar treatment.
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. Practices must be completed and invoices must be submitted by \_\_\_\_\_.

**D. Payment rates & limits:**

1. The maximum cost-share for this practice shall be at a rate of \$100.00 per brush acre and not exceed \$200.00.
2. Maximum of 2 brush 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.
2. Contact WVU Extension for herbicide recommendation.

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 #:	