



West Virginia
Conservation Agency

Guyan Conservation District Agricultural Enhancement Program FY 19 Heavy Use Area Protection 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
Heavy Use Area Protection	Not to exceed: 1000 Sq. FT	Flat Rate: .87/Square Foot Not to exceed \$870.00	_____ Square Feet (approximate)	

Program Eligibility

A. Definition

Cost share incentive to assist with the materials and labor associated with managing erosion and compaction around heavy use areas where livestock congregate.

B. Purpose

Improve soil and water quality by reducing excessive runoff of sediment. Can be used for the following: Livestock watering areas, livestock trails, walkways and livestock winter loafing areas.

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. 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 engineering design plans provided at the time of signing the contract.
9. All receipts must be submitted with invoice.
10. Invoices must be submitted by _____.
11. Failure to complete practice may affect future funding.

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be at \$870.00 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 engineering design plans 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 #:	