

**Tygarts Valley Conservation District
Agricultural Enhancement Program Application Form
Rt. 4 Box 501 Philippi, WV 26416
304-457-3026**

Name _____

Farm Name _____

Address _____

Good Day Time Phone # _____

Best Management Practice (BMP) applied for:

BMP	Limits	Cost-Share Rate	Amount applied for
Lime	\$2250 cap per person	50% cost-share up to \$30 per ton	

Have you ever participated in any USDA cost-share programs? If so, which ones? _____

Applicants Signature: _____ *Date:* _____

A. Definition

- To improve soil structure, better soil tilth, reduce erosion, and increase the production of grassland.

B. Purpose

- Provide incentive for the maintenance of grassland.
- Provide soil and watershed protection by increasing plant vigor and vitality therefore aiding in the reduction of erosion on grassland.

C. Policies for this practice are:

- Cost-sharing is authorized for applying necessary lime for the maintenance of permanent grasses, legumes, or cropland.
- Care must be given to protect water quality during and after application.
- Current soil test must come from a certified laboratory. The WVU laboratory is preferred.
- A soil test is considered current if it is less than (3) three years of the date the practice is requested.
- Soil samples may be taken by any qualified or approved person, including the farmer.
- Only state registered Ag lime, purchased in bulk, may be used.
- Lime must meet state agriculture registration requirements in order to be approved.
- There is a maximum of \$2,250 per applicant, eligible to participate.
- After (3) three years the first acres are eligible for re-application.

Maximum cost-share:

- The maximum cost-share for this practice shall be 50% up to \$2,250.00 for each applicant.
- The payment will be made after receipt of the complete invoice by the cooperator to the TVCD by **May 31, 2013**.
- Once BMP's are installed the AEP committee will do a site visit to verify that installation was done to specifications.

OFFICE USE ONLY:	
Date Received:	
Time Received:	
SCORE:	

Applications will be approved on a first-come, first-served basis subject to available funds.

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Name _____ Farm Name _____

Address _____ Good Day Time Phone # _____

Best Management Practice (BMP) applied for:

BMP	Limits	Cost-Share Rate	Amount applied for
Invasive Species	Cost-share on the cost of chemicals only	Up to \$250 per applicant	

Have you ever participated in any USDA cost-share programs? If so, which ones? _____

Applicants Signature: _____ *Date:* _____

A. Definition

1. Management of invasive species on pasture, hay land, and woodland.

B. Purpose

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

C. Policies for this practice are:

1. Cost-sharing is authorized for applying a chemical method of treatment.

D. Maximum cost-share:

1. The maximum cost-share for this practice shall be up to \$250.00 for each applicant.
2. The payment will be made after receipt of the complete invoice by the cooperator to the TVCD by **May 31, 2013**.
3. Once BMP's are installed the AEP committee will do a site visit to verify that installation was done to specifications.

OFFICE USE ONLY:	
Date Received:	
Time Received:	
SCORE:	

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Name _____ Farm Name _____
 Address _____ Farm Number _____
 _____ Tract # _____
 _____ Field # _____
 Good Day Time Phone # _____

Fertilizer BMP applied for:

BMP	Limits	Cost-Share Rate	Amount applied for
Fertilizer	20 acres per application *Permanent Pasture or Pasture/hayland *Map and soil test required	\$40 per ac	_____ acres

Are you currently participating in any USDA cost-share programs? If so, which ones? _____

Duplicate payments will not be permitted

Applicants Signature: _____ *Date:* _____

A. Definition

- To improve soil structure, better soil filth, and increase the production of grassland.

B. Purpose

- Provide incentive for the maintenance of permanent pasture.
- Provide soil and watershed protection by increasing plant vigor and vitality therefore aiding in the reduction of erosion on grassland.
- To budget and supply nutrients for plant production.

C. Policies for this practice are:

- Cost-sharing is authorized for applying necessary fertilizer for the maintenance of permanent pasture or pasture/hayland.
- Care must be given to protect water quality during and after application.
- Current soil test must come from a certified laboratory. The WVU laboratory is preferred.
- A soil test is considered current if it is less than (3) three years of the date the practice is requested.
- Fertilizer applications must be complete and receipts turned into the district by **May 31, 2013**.
- Soil test must show a pH of 5.5 or higher
- Soil test must show that P₂O₅ is in the low, low-medium, or medium range.
- Soil test must show a need of 80 pounds per acre of P₂O₅ or greater.
- There is a maximum of 20 acres per applicant, eligible to participate.
- Applicant must be a cooperator.
- Nutrients shall not be applied to frozen, snow-covered, or saturated soil.
- May use DAP (18-46-0) or 0-46-0 fertilizer.
- This BMP will have a max of 200lb per acre. (This will deliver 92lb of actual P₂O₅.)

D. Maximum cost-share:

- Approvals will be made based on the availability of funds.
- The maximum cost-share for this practice shall be \$40.00 per acre for each applicant.
- The payment will be made after receipt of the complete invoice by the cooperator to the WFCD.
- Once BMP's are installed the AgEP committee will do a site visit to verify that installation was done to specifications.

OFFICE USE ONLY:	
Date Received:	_____
Time Received:	_____
SCORE:	_____

Applications will be approved on a first-come, first-served basis subject to available funds.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional):		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number										

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number										

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.