



# Agricultural Enhancement Program Invasive Species Application

West Virginia  
Conservation Agency

FY2022



Applicant Information	Farm Information
<b>Name:</b>	<b>Conservation District: Capitol</b> <b>County : Kanawha</b> <b>Farm Name:</b> <b>Farm # :</b> <b>Tract # :</b> <b>Field # or #'s:</b>
<b>Mailing Address:</b>	
<b>Telephone:</b>	
<b>Email Address:</b>	
<b>Application Date:</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	Other
<b>Chemical</b>	Not to exceed \$750.00 *Cooperator Caps	50% actual cost of chemical	_____ acres	
<b>Mechanical</b> Heavy Equipment	Not to exceed \$750.00 *Cooperator Caps	\$75.00 per acre	_____ acres	
<b>Mechanical</b> Other	Not to exceed \$750.00 *Cooperator Caps	\$50.00 per acre	_____ acres	

### Program Eligibility

- A. Definition:** Treatment of invasive species as defined by NRCS State list by selected method.
- B. Purpose:** To reduce the amount of non-native invasive species in agriculture areas.
- C. Policies for Practice**
  1. Applicant must be a District Cooperator.
  2. Cost share is available to owner or lessee.
  3. Applicant must provide map identifying tract and field along with proposed acreage.
  4. NRCS standards and specs must be followed.
  5. \*Program is limited to 2 (two) practices per cooperator plus 1 (one) lime program.
  6. \*Program cap is \$2,000.00 (Two-Thousand Dollars) per cooperator.
  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. 1<sup>st</sup> round invoices must be submitted by December 31<sup>st</sup>, 2021. 2<sup>nd</sup> round, June 1<sup>st</sup>, 2022**
  10. Site is available for re application after two years of treatment.
  11. "Applications received by 1<sup>st</sup> (first) of every month are typically placed on that month agenda."
- D. Payment rates & limits:**
  1. The maximum cost-share for this practice shall be at the selected rate based on treatment method not to exceed \$750.00.
  2. The payment will be made after paid invoices are received, cooperator completes a W-9 form and completion of site visit.
  3. No duplication of federal or state cost-share shall be allowed.
  4. Capitol Conservation District does not reimburse sales tax amount.
- 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>	

