

Agricultural Enhancement Program Invasive Species Application

FY2025

Applicant Information
Name:
Mailing Address:
Telephone:
Email Address:
Application Date:

Farm Information
Conservation District: Capitol
County : Kanawha
Farm Name:
Farm # :
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
Chemical	Not to exceed \$1000.00 *Cooperator Caps	50% actual cost of chemical	_____ acres	
Mechanical Other	Not to exceed \$1000.00 *Cooperator Caps	\$75.00 per acre	_____ acres	
Mechanical Heavy	Not to exceed \$1000.00 *Cooperator Caps	\$100.00 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. Cooperator is limited to 2 (two) practices plus 1 (one) lime program per fiscal year.
6. Cooperator cap is \$4,000.00 (Four-Thousand Dollars) per fiscal year.
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. **1st round invoices must be submitted by December 1st, 2024. 2nd round, June 1st, 2025.**
10. Site is available for re application after two years of treatment.
11. **"Applications received by 1st (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 \$1000.00.
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:	
Date Received:	
Time Received:	
Ranking Score:	
If Approved:	
BD Date Approved:	
Contract Expiration Date:	
Application #:	
Verification #:	