

Agricultural Enhancement Program Pollinator Planting Application

FY26

Applicant Information		Farm Information	
Name:		Conservation District: Capitol	
Mailing Address:		County : Kanawha	
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
Pollinator Planting	Not to exceed ½ acre seed planting Not to exceed \$225	50% cost-share rate *cooperator caps	_____ acre	
Pollinator Tree Planting	Bare Root Seedlings Native Pollinator Tree (See list) Not to exceed \$225	50% cost-share rate from provided list *cooperator caps	_____ Seedlings	

BMP	LIMITS	Cost-Share Rate	Amount Applied For	Other
Solitaire Bee Nest	Nesting blocks and insect hotels may be purchased or installed according to Xerces Society recommendations	50% cost-share rate *cooperator caps	_____ Nests	

Program Eligibility

A. **Purpose:** Create and enhance pollinator habitat, provide pollination insects with supplemental plants.

B. **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 \$4,000.00 (Two-Thousand Dollars) per cooperator.
7. Methods of seeding stands may be established either by conventional or no till.
8. Seeding are pH must be 5.6 or greater
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. **1st round invoices must be submitted December 1st, 2025. 2nd round, June 1st, 2026**
12. "Applications received by the 1st (first) of the month are typically placed on that month agenda."

C. **Payment rates & limits:**

1. The maximum cost-share for this practice shall be at 50% rate up to \$225 maximum on seeds or bare root seedlings only.
2. Maximum of 1/2 acres per seed applicant.
3. The payment will be made after paid invoices are received, cooperator completes a W-9 form and completion of site visit.
4. No duplication of federal or state cost-share shall be allowed.
5. Capitol Conservation District does not reimburse sales tax amount.

OFFICE USE ONLY:

D. 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:** _____

Date Received:	
Time Received:	
Ranking Score:	
If Approved:	
BD Date Approved:	
Contract Expiration Date:	
Application #:	
Verification #:	