

FY24 Agricultural Enhancement Program Nutrient Management Application Deadline: January 15, 2024

Return to ECD at 738 Airport Road, Sutton, WV 26601
For more information: 304-765-2535 or 304-807-5256



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

Farm Information
Conservation District: ELK
County:
Farm Name:
Farm #:
Tract #:
Field # or #'s:

Best Management Practice

BMP	Limits	Cost-Share Rate	Amount applied for	Other
Commercial Fertilizer	Not to exceed 50 acres	50% cost-share rate, on P205 and K20 only, based on current soil test Max Reimbursement \$2,000	_____ acres	

Program Eligibility

- A. Purpose:** Increase vegetative growth to reduce soil erosion and increase soil nutrient values.
- B. Policies for Practice**
1. Applicant must be a District Cooperator.
 2. A current (within the past 18 months) 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 the tract and field along with proposed acreage.
 5. NRCS standards and specs must be followed.
 6. Approvals will be final on **February 27, 2024**.
 7. Application approvals will be made based upon availability of funds and based on the ranking form.
 8. Invoices must be submitted by **June 5, 2024**.
 9. **NEW FOR FY24: Leased farms are no longer treated as separate applications under single cooperator.**
 10. **Program is limited to 2 (two) practices per cooperator plus 1 (one) lime program**
- C. Payment rates & limits:**
1. The maximum cost-share for this practice shall be at a 50% rate on P205, and K20 only based on current soil test. **No nitrogen will be cost shared on.**
 2. Maximum of 50 acres per farm.
 3. The payment will be made after paid invoices are received, and cooperator completes a W-9 form.
 4. No duplication of federal or state cost-share shall be allowed.
 5. Elk Conservation District does not reimburse sales tax amount.
 6. Maximum payout per farmer per year is \$3500.00 for all practices combined.

D. Practice Specifications

1. Please refer to guidelines 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 #:	
Transaction #:	