



Guyana Conservation District Agricultural Enhancement Program FY 22 Heavy Use Area Protection Application



Applicant Information	Farm Information
Name: Mailing Address: Telephone: Email Address: Application Date:	Conservation District: Guyana Conservation District County: 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
<u>Heavy Use Area Protection</u>	Not to exceed: 1500 Sq. FT	Flat Rate: \$1.00/ square foot Not to exceed \$1500.00	_____ Square Feet (approximate)	

Program Eligibility

A. Definition

Cost share incentive to assist with the materials and labor associated with managing erosion and compaction around heavy use areas where livestock congregate.

B. Purpose

Improve soil and water quality by reducing excessive runoff of sediment. Can be used for the following: Livestock watering areas, livestock trails, walkways and livestock winter loafing areas.

C. Policies for Practice

1. Applicant must be a District Cooperator.
2. A 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 tract and field along with proposed acreage.
5. NRCS standards and specs must be followed.
6. Approvals will be final on 3rd Thursday of each month.
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. Cooperator may sign up for the Heavy Use Area practice one time per fiscal year.
- 10. Invoices must be submitted within 60 days of practice approval**
11. All receipts must be submitted with invoice.
12. Failure to complete practice may affect future funding.

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be \$1500.00 per cooperator, not to exceed 1500sq ft.
2. Maximum of 1 Heavy Use Area per fiscal year.
3. The payment will be made after paid invoices are received, cooperator completes a W-9 form and the AEP committee has made a site visit.
4. No duplication of federal or state cost-share shall be allowed.

E. Practice Questions (Please mark YES or NO for each question)

1. Has the cooperator participated in conservation related educational events within the past 12 months? **YES OR NO**
2. Does a current conservation plan completed by a certified planner or trained technician exist for the land/practice being requested? **YES OR NO**
3. Does a current nutrient management plan completed by a certified planner or trained technician exist for the land/practice being requested? (within 3 years) **YES OR NO**
4. Does a forest stewardship plan exist for the land/practice being requested? (within last 10 years) If yes, was the plan completed by a registered forester? **YES OR NO**

5. Is the land enrolled in the USDA Farm and Ranch Lands Protection Program? **YES OR NO**

6. Is there a comprehensive nutrient management plan completed by a certified planner? **YES OR NO**

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

F. 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:** _____