# Guyan Conservation District
# Agricultural Enhancement Program
# FY 22 Pollination Application

| Applicant Information | Farm Information |
|---|---|
| **Name:** | |
| | **Conservation District: Guyan Conservation** |
| **Mailing Address:** | **County:** |
| | **Farm Name:** |
| **Telephone:** | **Farm #:** |
| **Email Address:** | **Tract #:** |
| **Application Date:** | **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 |
|---|---|---|---|---|
| Pollination (Delayed Mowing) | Not to exceed: 5 acres of hay land<br><br>**Must be a current hayfield used in the last 12 months. | $210.00 per acre Not to exceed $1,050.00 | _____ acres | |

## Program Eligibility

### A. Definition

The Pollinator Habitat practice will help restore, enhance or create habitat for organisms that provide pollination services by establishing pollinator habitat plots through planting pollinator seed mixes and/or using the delayed mowing method in managed agriculture land such as hayfields.

### B. Purpose

Establishing and maintaining native plant habitats will attract pollinators and beneficial insects that prey on crop pests and could reduce the use of pesticides on the farm. Pollinator habitats can also improve water quality, provide habitat for other wildlife and help stabilize and build soil structure.

### C. Policies for Practice

1. Applicant must be a District Cooperator.
2. Delayed mowing maintenance activities such as spraying of pesticides, tillage of soil and grazing shall be avoided during the lifespan of the practice.
3. For the delayed mowing practice mowing shall not take place on approved acreage during the timeframe established by the Guyan Conservation District in order to provide undisturbed habitat and nesting sites
4. The lifespan for the delayed mowing of pollinator habitat is 1 year.
5. A W-9 tax form will be required with application for District tax purposes.
6. Cost share is available to owner or lessee.
7. Applicant must provide map identifying tract and field along with proposed acreage.
8. NRCS standards and specs must be followed.
9. Approvals will be final on 3rd Thursday of every month.
10. Application approvals will be made based upon availability of funds and based on the ranking form.
11. After approval applicant must follow job sheets provided at the time of signing the contract.
12. Cooperator may sign up Pollinator Habitat practice one time per fiscal year.
13. **Invoices must be submitted by May 31, 2022.**
14. Failure to complete practice may affect future funding

**D. Payment rates & limits:**
1. The maximum cost-share for this practice shall be $1,050.00 not to exceed $210.00 per acre.
2. Maximum of 5 acres per applicant.
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 Question (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**

**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:** _____

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