

Guyan Conservation District Agricultural Enhancement Program FY 22 Urban Agriculture Application



Applicant Information	Farm Information
Name: Mailing Address: Telephone: Email Address: Application Date:	Conservation District: Guyan 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												
Urban Agriculture	Not to exceed a total of: \$750.00	<u>Raised Bed</u> - \$100.00 per item. Up to 4 raised beds <u>Low Tunnel</u> - \$100.00 per item. Up to 4 low tunnels <u>Straw Mulch</u> - \$10.00 per bale. Up to 2 straw bales. <u>Soil</u> - \$25.00 per raised bed. <u>Trellis</u> - 75% of receipts not to exceed \$500.00 <u>Cover Crop</u> - 75% of receipts not to exceed \$100.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Raised Bed</td><td style="width: 20%;"></td></tr> <tr><td>Cover Crop</td><td></td></tr> <tr><td>Low Tunnel</td><td></td></tr> <tr><td>Straw Mulch</td><td></td></tr> <tr><td>Soil</td><td></td></tr> <tr><td>Trellis</td><td></td></tr> </table>	Raised Bed		Cover Crop		Low Tunnel		Straw Mulch		Soil		Trellis		
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Program Eligibility

A. Definition

Cost share incentive to assist with the purchase of a commercially produced raised bed, low tunnel, and straw mulch. Cover Crop will improve the soil tilth and increase infiltration and aeration of the soil inside high tunnels.

B. Purpose

Provide agricultural assistance to landowners interested in vegetable gardening. To encourage nontraditional participation in soil and water conservation practices. Provide soil and watershed protection by storm water management and soil erosion reduction. Encourage locally grown foods.

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 the 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 Urban Agriculture practice one time per fiscal year.
- 10. Invoices must be submitted within 60 days of practice approval.**
11. Failure to complete practice may affect future funding.

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be at \$750.00 per cooperator. Not to exceed the total amounts above.

2. 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.
3. No duplication of federal or state cost-share shall be allowed.

E. Practice Questions (Please Mark Yes or No for each questions)

1. Has the cooperator participated in conservation related educational events within the past 12 months? **YES OR NO**
2. Will the practice extend growing season? **YES OR NO**
3. Will the practice make production of crops possible where they would not normally be feasible? **YES OR NO**
4. Will the practice provide food for personal use? **YES OR NO**
5. Does applicant currently sell to schools through the Farm to School Program? **YES OR NO**
6. Will the produce be marketed at farmer's market? **YES OR NO**
7. Does a current conservation plan completed by a certified planner or trained technician exist for the land/practice being requested? **YES OR NO**
8. 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**
9. 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**
10. Is the land enrolled in the USDA Farm and Ranch Lands Protection Program? **YES OR NO**
11. 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:** _____