



Guyan Conservation District Agricultural Enhancement Program FY 23 Invasive Species



Applicant Information	Farm Information
Name:	Conservation District: Guyan Conservation District
Mailing Address:	County:
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
<u>Invasive Species</u>	Not to exceed: 5 brush acres	Cost Share Rate: \$50 per brush acre Chemical Only	_____ acres	

Program Eligibility

A. Definition

Treatment of invasive species as defined by NRCS State list by selected method.

B. Purpose

To reduce the amount of non-native invasive species in agriculture areas.

C. Policies for Practice

1. Applicant must be a District Cooperator.
2. After (3) three years the initial acreage is eligible for re-application.
3. A W-9 tax form will be required with application for District tax purposes.
4. Cost share is available to owner or lessee.
5. Applicant must provide map identifying tract and field along with proposed acreage.
6. NRCS standards and specs must be followed.
7. Soil test recommendations will be followed.
8. Pending board approval, practice time will begin **10 days** following board meeting date and extend to 60 days.
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. Cooperator may sign up for the Invasive Species practice one time per fiscal year.
12. **All invoices must be submitted prior to the 60-day deadline as identified in Approval Letter and Agreement.**
13. Failure to complete practice may affect future funding.

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be \$50.00 per brush acre.
2. Maximum of 5 acres per applicant on hay land, pastureland and cropland.
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. Are you a first time applicant? **YES OR NO**
3. Is the area primarily used for pasture? **YES OR NO**
4. Is the area primarily used for woodland/riparian area? **YES OR NO**
5. Is the area primarily used for hay? **YES OR NO**
6. Is the area primarily used for cropland? **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:** _____