

Guyan Conservation District Agricultural Enhancement Program FY 24 Pollination Application



Applicant Information	Farm Information
Name:	Conservation District: Guyan Conservation
Mailing Address:	County:
Telephone:	Farm Name:
Email Address:	Farm #:
Application Date:	Tract #:
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
Pollinator Habitat Plot	Not to exceed: 1/2 acres Must use native seed mix.	Not to exceed \$200.00	_____ 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. 1 application per household is permitted.
3. Pollinator plots maintenance activities such as spraying of pesticides, tillage of soil and grazing shall be avoided during the lifespan of the practice.
4. Pollinator plots will increase the population of pollinators by adding a diversity of plants that bloom and provide sources of pollen and nectar that will be available throughout the spring, summer, and fall.
5. The lifespan for pollinator habitat is 5 years.
6. A W-9 tax form will be required with application for District tax purposes.
7. Cost share is available to owner or lessee.
8. Applicant must provide map identifying tract and field along with proposed acreage.
9. NRCS standards and specs must be followed.
10. Pending board approval, practice time will begin **10 days** following board meeting date and extend to 60 days.
11. Application approvals will be made based upon availability of funds and based on the ranking form.
12. After approval applicant must follow job sheets provided at the time of signing the contract.
13. Cooperator may sign up Pollinator Habitat practice one time per fiscal year.
14. **Invoices must be submitted within 60 days of practice approval.**
15. Failure to complete practice may affect future funding

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be \$200.00 for native pollinator seeds.
2. Maximum of 1/2 acre per applicant.
3. The payment will be made after paid invoices are received, cooperators complete 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.

DI. 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. Are you a first time applicant? **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 #:	