

Guyan Conservation District Agricultural Enhancement Program FY 25 Cover Crop Application



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>Cover Crop</u>	Not to exceed 10 acres	\$50.00 per acre Not to exceed \$500.00	_____ acres	

Program Eligibility

A. Definition

Cost share incentive to assist with the purchase of seed/labor to establish cover crop on cropland.

B. Purpose

1. Reduce erosion from wind and water.
2. Increase soil organic matter content.
3. Capture and recycle or redistribute nutrients in the soil profile.
4. Promote biological nitrogen fixation.
5. Increase biodiversity and enhance habitat for pollinators
6. Weed suppression
7. Provide supplemental forage
8. Soil moisture management
9. Reduce particulate emissions into the atmosphere
10. Minimize and reduce soil compaction

C. Policies for Practice

1. Applicant must be a District Cooperator.
2. **Total maximum cost share payment of \$3,000.00 per fiscal year per cooperator.**
3. A W-9 tax form will be required with application for District tax purposes.
4. NRCS standards that may apply to this practice: 340 Cover Crop
5. Practices must be completed by **December 2, 2024**
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. Methods of seeding stands may be established either by conventional or no till.
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. 1 application per household is permitted
14. Cooperator may sign up for Cover Crop practice one time per fiscal year.
15. **Invoices must be submitted within 60 days of practice approval.**
16. Failure to complete practice may affect future funding.
17. All invoices must be submitted prior to the **60-day deadline** as identified in Approval Letter and Agreement.

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be **\$500.00 up to \$50.00 per acre.**
2. Maximum of 10 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.

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**
3. Is the cover crop managed under a WV Nutrient Management Plan? (WVDA, NRCS) **YES OR NO**
4. Is the cover crop managed under a part of a conservation cropping system? **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 #:	