

# Guyana Conservation District Agricultural Enhancement Program FY 25 Nutrient Management Application



| Applicant Information           | Farm Information   |
|---------------------------------|--|
| <b>Name:</b>                    | <b>Conservation District:</b> Guyana Conservation District<br><b>County:</b><br><b>Farm Name:</b><br><b>Farm #:</b><br><b>Tract #:</b><br><b>Field # or #'s:</b> |
| <b>Mailing Address:</b>         |  |
| <b>Telephone:</b>               |  |
| <b>Email Address:</b>           |  |
| <b>Application Date:</b>        |  |
| <b>Best Management Practice</b> |  |

*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          |
|---|--|--|--------------------|----------------|
| Nutrient Management (Commercial Fertilizer) | Not to exceed 30 acres.<br>Covers payment for 18-46-0 (DAP) and 0-0-60 (POTASH) blended fertilizer | 75% of receipts<br><br>Not to exceed \$2000.00 | _____ acres        | Min. pH of 6.1 |

## Program Eligibility

### A. Definition

1. To improve soil structure, soil tilth, reduce erosion, and improve plant productivity on permanent pasture and hay land.

### B. Purpose

1. Provide incentive for the maintenance of **pasture and hay land**.
2. Provide soil and watershed protection by increasing plant vigor and vitality therefore aiding in the reduction of erosion on grassland.
3. To budget and supply nutrients for plant production.

### 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. 1 application per household is permitted.
4. Per soil test result, pH must be above 6.1 to be eligible.
5. A soil test is considered current if it is less than (3) three years of the date the practice is requested.
6. After (3) three years the initial acreage is eligible for re-application.
7. A W-9 tax form will be required with application for District tax purposes.
8. Cost share is available to owner or lessee.
9. Applicant must provide map identifying tract and field along with proposed acreage.
10. NRCS standards and specs must be followed.
11. Soil test recommendations will be followed.
12. Pending board approval, practice time will begin **10 days** following board meeting date and extend to **60 days**.
13. Application approvals will be made based upon availability of funds and based on the ranking form.
14. After approval applicant must follow job sheets provided at the time of signing the contract.
15. Cooperator may sign up for the Nutrient Management practice one time per fiscal year.
16. All invoices must be submitted prior to the **60-day** deadline as identified in Approval Letter and Agreement.
17. Failure to complete practice may affect future funding.

### D. Payment rates & limits:

1. The cost-share for this practice will 75% of receipts not to exceed \$2000.00.
2. Maximum of 30 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.
5. Total reimbursement will not exceed total cost based on receipts submitted.

**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. 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.
2. **Minimum pH of 6.1.**

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 #:           |  |