

Guyana Conservation District Agricultural Enhancement Program

FY 26 Urban and Community Agriculture Application

Applicant Information	Farm Information
Name:	Conservation District: Guyana Conservation District County: Farm Name: Farm #: Tract #: Field # or #'s:
Mailing Address:	
Telephone:	
Email Address:	
Application Date:	
Best Management Practice	

Please complete the following information for the Best Management Practice you would like to apply for:

BMP	Limits	Cost-Share Rate	Cost Share Rate
Urban Agriculture	<p>75% of receipts Not to exceed \$1,000.00.</p> <p>Small Greenhouse- 50% of receipts not to exceed \$2,500.00.</p> <p><small>*Can apply for greenhouse or Urban Ag practices, but not both.</small></p>	<p><u>Raised Bed</u>- \$75.00 per item. Up to 4 raised beds</p> <p><u>Low Tunnel</u>- \$75.00 per item. Up to 4 low tunnels</p> <p><u>Bluebird Box</u>- \$20.00 per box. Up to 5 bluebird boxes not to exceed \$100.00.</p> <p><u>Cold Frame/ Hot Beds</u>- \$100.00 Limit 1</p> <p><u>Trellis</u>- 75% of receipts not to exceed \$500.00</p> <p><u>Composter</u>- \$100.00. Limit 1</p> <p><u>Soil</u>- \$50.00 per raised beds. Not to exceed \$200.00</p> <p><u>Shade Cloth</u>- 75% of receipts not exceed \$400.00</p>	<p><u>Mulching/ Straw Mulch</u>-Not to exceed \$100.00</p> <p><u>Deer Exclusion Fence</u>- 50% of receipts not to exceed \$400.00</p> <p><u>Landscape Fabric</u>- Not to exceed \$100.00</p> <p>Please check practices, you are applying for:</p> <ul style="list-style-type: none"> • Raised Beds • Low Tunnel • Bluebird Box • Cold Frame/ Hot Bed • Trellis • Soil • Composter • Shade Cloth • Mulching/ Straw Mulch • Deer Fencing • Landscape Fabric

Program Eligibility

A. Definition

Provide safe, healthy, and green environments for growing fruits and vegetables in an urban setting.

Cost share incentive to assist with the purchase of raised beds, low tunnel, trellis and more.

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. **Total maximum cost share payment of \$3,000.00 per fiscal year per cooperator.**
3. 1 application per household is permitted.
4. A W-9 tax form will be required with application for District tax purposes.
5. Cost share is available to owner or lessee.
6. Applicant must provide map identifying tract and field along with proposed acreage.
7. NRCS standards and specs must 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 Urban Agriculture 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 at \$1,000.00 per cooperator. Small Greenhouse cost share rate is \$2,500.00. Not to exceed the total amounts above.
2. The district board has the right to limit practice quantity chosen for Urban and Community Agriculture program.
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 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. Will the practice conserve water? **YES OR NO**
8. Does the cooperator have a high tunnel? **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:** _____