



FY27 Agricultural Enhancement Program

Cover Crop Application

Application Period: May 2026- April 2027

Information below **MUST** match that on W9.

Name:	Conservation District: Guyan	
Mailing Address:	County:	
	Farm Name:	
Telephone:	Farm #:	
Email Address:	Tract #:	
Application Date:	Field # or #s:	
What is your preferred method to receive written notification?	Email	Letter
What is the best way to contact you?	Call	Text
Do you own or lease the land associated with this application?	Own	Lease
Are the fields associated with this application part of another financial incentive program?	Yes	No
Is the land associated with this application part of a farming operation?	Yes	No
Do you have a financial interest in a farming entity with a District supervisor?	Yes	No
Are you a relative of a district supervisor, WVCA employee, or district employee?	Yes	No
Have you attended a conservation related event or workshop within the past 12 months?	Yes	No

Best Management Practice

BMP	Limits	Cost-Share Rate	Amount Applied For
Cover Crop	Not to exceed 10 acres	\$35.00 per acre Not to exceed-\$350.00	_____ acres

Program Eligibility

Definition:

Crops include grasses, legumes and forbs for seasonal cover and other conservation purposes.

Purpose:

Reduce erosion from wind and water, increase soil organic matter content, capture and recycle or redistribute nutrients in the soil profile, promote biological nitrogen fixation, increase biodiversity and enhance habitat for pollinators, weed suppression, provide supplemental forage, soil moisture management, reduce particulate emissions into the atmosphere, and minimize and reduce soil compaction.

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. W-9 tax form is required with application for district tax purposes.
5. Cost share is available to owner and/or lessee.
6. Applicants must provide a map identifying fields and acreages.

7. NRCS standards and specs must be followed.
8. Applicants are ineligible for practice reimbursement if he/she starts project before district approval.
9. Cooperators may sign up for Cover Crop practice one time per fiscal year.
10. Pending board approval, practice time will begin **10 days** following board meeting date and extend to **60 days**.
11. Application approvals will be based on ranking form and availability of funds.
12. **All invoices must be submitted prior to the 60-day deadline as identified in Approval Letter and Agreement.**
13. All seeds must be free of prohibited noxious weed seed and have a minimum germination rate of 80%. If the grower elects to use home grown seed, it must be tested for purity, germination and noxious weeds prior to seeding by a recognized seed laboratory.

Some of the recommended seed type and planting rates are listed below:

<i>Species</i>	<i>Rate/ac</i>		<i>Species</i>	<i>Rate/ac</i>
Wheat	2 bu.		Crimson Clover	20 lbs.
Cereal Rye	2 bu.		Red Clover	15 lbs.
Spring Oats	2 bu.		White Clover	12 lbs.
Barley	2 bu.		Ryegrass	40 lbs.
Triticale	2 bu.		Bluegrass	40 lbs.
Annual Ryegrass	30 lbs.		Smooth Bromegrass	40 lbs.
Hairy Vetch	30 lbs.		Orchard Grass	40 lbs.
Crown Vetch	5–20 lbs.		Timothy	40 lbs.
Mixed: Radish, Peas, Etc.	Consult		Birdsfoot Trefoil	10 lbs.

Payment Rates & Limits:

1. The maximum cost-share for this practice shall be **\$35.00** per acre up to **\$350.00**.
2. The payment will be made after invoices are received, cooperator completes W9, and a verification site visit has been completed.
3. No duplication of federal and state cost share shall be allowed.

By signing this I have read, understand, and agree to the terms and conditions stated in this document.

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY	
Date Received	
Time Received	
Ranking Score	
If Approved	
Date Approved	
Contract Expiration Date	
Application Number	
Verification Number	