



West Virginia
Conservation Agency

FY27 Agricultural Enhancement Program Small Scale Soil Amendment Application

Application Period: _____

Information below MUST match that of the W9.

Name:	Conservation District:	
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, WVCA employee, or district employee?	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	Materials Requested
Small Scale Soil Amendment		_____% Cost DNE: \$ _____	___ Lime ___ Nutrient Management ___ Biochar/Compost Mix ___ Compost

Program Eligibility

Definition:

The application of soil amendments to budget, supply, and conserve nutrients for plant production and health. Managing the rate, source, method of application, and timing of plant nutrients and soil amendments.

Purpose:

The ability to increase the soil pH (reduce soil acidity). Applying these amendments to the soil to improve soil organic matter, sequester carbon and enhance soil carbon stocks, improve soil aggregate stability, and/or improve soil habitat organism. To improve soil structure, fertility, and moisture retention by acting as a soil amendment, mulch, or fertilizer.

Policies for Practice:

1. Applicant must be a district cooperator.
2. W-9 tax form is required with application for district tax purposes.
3. Cost Share is available to owner and/or lessee.
4. Applicants must provide a map identifying fields and acreages.
5. WVCA standards and specs must be followed.
6. Approval will be considered on _____.
7. Application approvals will be based on ranking form and availability of funds.
8. Invoices must be submitted by _____.
9. Must have current soil samples (3 years or less). And show a need for the components being applied for.

Payment rates & limits:

1. The maximum cost-share for this practice shall at a _____% rate up to \$_____.
2. The payment will be made after paid invoices are received, cooperator completes w-9, 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	