West Virginia Conservation Agency

Agricultural Enhancement Program Application
Exigency Program
Temporary Fence

Sign up period: While funds remain, and drought continues

Applicant Information	Farm Information
Name:	**Conservation District: Western**
Mailing Address:	**County:**
	Farm Name:
Telephone:	**Farm #/Tract #:**
Email Address:	
Application Date:	

Best Management Practice

Practice	Limits	Cost-Share Rate	Type & Number of Livestock Present	Feet of Fence
Installing temporary fence to limit livestock access for the protection of natural resources when an exigency has been declared.	- Polywire - High Tensile Wire - Temporary Electric Net Fence - Insulators - Tighteners - Staples - Step In Posts - T-Posts - Corner Bracing Materials - Wooden Posts - Fence Chargers - Ground Rods - Connectors	50% cost share up to a maximum reimbursement of $500		

Program Eligibility

Is this practice approved for financial assistance through another program? _____ Yes _____ No (If yes, not eligible)

A. Policies for Practice

1. Applicant must be a District Cooperator.
2. By participating in this program, the cooperator agrees to contact the Conservation District for conservation planning assistance.
3. A W-9 tax form will be required with application.
4. Cost share is available to land owner or lessee.
5. Applicant must provide map identifying farm.
6. Cooperator must be engaged in livestock production at the time of application.
7. Application approvals will be made by the Conservation District based upon availability of funds.
8. Invoices must be submitted by 30 days after D1 is lifted..
9. The lifespan for cover crop establishment is a 5 year lifespan.

B. Payment rates & limits:

1. The cost-share rate for this practice shall be 50% up to a maximum reimbursement of $500 per cooperator for the purpose of revegetating feeding areas.
2. To receive payment, applications must be approved by the Conservation District Board. Retroactive payments are permitted.
3. Payment approval will be authorized by Conservation District Board based on availability of funds. Cooperator must submit paid invoices, complete a W-9 form and contact Conservation District to verify practice implementation prior to receiving payment.
4. No duplication of federal or state cost-share shall be allowed.

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:	
CD Board Approval Date	
Contract Expiration Date:	
Application #:	
Transaction #:	

Return completed application to:

Western Conservation District
1204 Viand Street
Point Pleasant , WV 25550
(304) 675-3054

West Virginia Conservation Agency

Agricultural Enhancement Program Application
Exigency Program
Water Hauling Tank/Portable Water Troughs

Sign Up Period: While funds remain, and drought continues

Applicant Information	Farm Information
Name:	**Conservation District: Western**
Mailing Address:	**County:**
	Farm Name:
Telephone:	**Farm #/Tract #:**
Email Address:	
Application Date:	

Best Management Practice

Practice	Limits	Cost-Share Rate	Type of Livestock on Farm	Number of Animals
Water Hauling Tank/Portable Watering Troughs, Water Pump, Connection/Tap to a public water source and associated fittings and hoses.	- Water Hauling Tank - Portable Water Trough - Water Pump - Connection/Tap to public water - Associated Fittings and hoses **Agricultural Use Only**	50% cost share up to $500.00 Not to exceed $500 payment		

Program Eligibility

Is this practice approved for financial assistance through another program? _____ Yes _____ No (If yes, not eligible)

A. Definition

Supplying water to livestock during a water shortage or other water crisis which resulted from a declared water limiting exigency.

B. Policies for Practice

1. Applicant must be a District Cooperator.
2. By participating in this program, the cooperator agrees to contact the Conservation District for conservation planning assistance.
3. A W-9 tax form will be required with application.
4. Cost share is available to landowner or lessee.
5. Applicant must provide map identifying farm.
6. Tank(s) must be used to haul livestock water and cannot be used to haul water for human consumption.
7. Portable watering troughs are to be used to water **Livestock ONLY** and not for any other purpose.
8. Connection/Tap to public water source is eligible however must be used for watering **Livestock ONLY**.
9. Application approvals will be made by the Conservation District based upon availability of funds.

C. Payment rates & limits:

1. The cost-share rate for this practice shall be 50% cost share up to a maximum reimbursement of $500 per cooperator for water hauling tank(s), Portable Warter Troughs, Water Pump, Connection/Tap to Public Water, and associated hoses and fittings.
2. To receive payment, applications must be approved by the Conservation District Board. Retroactive payments are permitted if tanks(s)/Portable water troughs and associated fittings and hoses are purchased after September 2, 2025.
3. Payment approval will be authorized by Conservation District Board based on availability of funds. Cooperator must submit paid invoices, complete a W-9 form and contact Conservation District to verify practice implementation prior to receiving payment.
4. No duplication of federal or state cost-share shall be allowed.

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:	
CD Board Approval Date	
Contract Expiration Date:	
Application #:	
Transaction #:	

Please Drop off or Mail Applications to:

Western Conservation District
1204 Viand Street
Point Pleasant , WV 25550
(304) 675-3054

West Virginia Conservation Agency

Agricultural Enhancement Program Application
Exigency Program
Cover Crop Establishment

Sign up period: While funds remain, and drought continues

Applicant Information	Farm Information
Name:	**Conservation District: Western**
Mailing Address:	**County:**
	Farm Name:
Telephone:	**Farm #/Tract #:**
Email Address:	
Application Date:	

Best Management Practice

Practice	Limits	Cost-Share Rate	Area to be seeded *(Square feet or acres)*
Establish cover crops to prevent soil erosion during or following drought.	- Seed - Seeder Rental Fee	50% cost share up to a maximum reimbursement of $500	

Program Eligibility

Is this practice approved for financial assistance through another program? _____ Yes _____ No (If yes, not eligible)
Have you submitted a current (less than 3 years old) soil analysis of the area? _____ Yes _____ No (If no, not eligible)

A. Policies for Practice

1. Applicant must be a District Cooperator.
2. By participating in this program, the cooperator agrees to contact the Conservation District for conservation planning assistance.
3. A W-9 tax form will be required with application.
4. Cost share is available to land owner or lessee.
5. Applicant must provide map identifying farm.
6. Treatment area associated with application has been used for hay/crop harvesting, grazing, or feeding livestock during recent drought conditions.
7. Application approvals will be made by the Conservation District based upon availability of funds.
8. Invoices must be submitted by 30 days after D1 is lifted.
9. The lifespan for cover crop establishment is a 1 year lifespan.

B. Payment rates & limits:

1. The cost-share rate for this practice shall be 50% up to a maximum reimbursement of $500 per cooperator for the purpose of revegetating feeding areas.
2. To receive payment, applications must be approved by the Conservation District Board. Retroactive payments are not permitted.
3. Payment approval will be authorized by Conservation District Board based on availability of funds. Cooperator must submit paid invoices, complete a W-9 form and contact Conservation District to verify practice implementation prior to receiving payment.
4. No duplication of federal or state cost-share shall be allowed.

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:	
CD Board Approval Date	
Contract Expiration Date:	
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Please Dropp Off or Return Applications to:

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