



# West Fork Conservation District

## Agricultural Enhancement Program

### Invasive Species Management Application

**Sign up period: May 1, 2023, through May 26, 2023**

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

#### Best Management Practice

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

BMP	Limits	Cost-Share Rate	Species applied for
<b>Invasive Species Management</b>	<b>Max Payment of \$500.00</b>	_____ 50% cost-share on commercial application and chemicals. <b>75% cost share on self – application:</b> <b>(50% on chemicals / 25% of chemical bill in labor)</b> (Does not include Mechanical Spraying)	

#### Program Eligibility

**A. Definition**

1. Management of invasive species on pasture and hay land using spray application

**B. Purpose**

1. Provide incentive for the control of invasive species/noxious weeds on pasture and hay land.

**C. Policies for Practice**

1. Applicant must be a District Cooperator.
2. Sign-up period is **May 01, 2023 - May 26, 2023**.
3. A W-9 tax form will be required with application for District tax purposes.
4. Cost share is available to owner or lessee.
5. Applicant must provide map identifying tract and field along with proposed acreage.
6. NRCS standards and specs must be followed.
7. Application approvals will be made based upon availability of funds and based on the ranking form.
8. After approval applicant must follow job sheets provided at the time of signing the contract.
9. Invoices must be submitted by **May 24, 2023**.
10. All Producers are to submit individual invoices for labor.
11. No combined labor invoices allowed.

**D. Payment rates & limits:**

1. The maximum cost-share for this practice shall be \$500.00.
2. Cost Share rates for commercially applied chemical shall be 50%. (*Applicator must have commercial applicators license*)
3. Cost Share rate for producers that self-apply shall be 75%. (*50% on chemicals and 25% of chemical bill in labor*)
4. The payment will be made after paid invoices are received, cooperators complete a W-9 form and the AEP committee has made a site visit.
5. 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):** \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	
<b>Date Received:</b>	
<b>Time Received:</b>	
<b>Ranking Score:</b>	
<b>If Approved:</b>	
<b>BD Date Approved:</b>	
<b>Contract Expiration Date:</b>	
<b>Application #:</b>	
<b>Verification #:</b>	