

**Received:**

Date:

Time:

# FY26 Agricultural Enhancement Program Invasive Species Management Application

Sign-Up: April 28, 2025 – May 9, 2025

**Priority**

First

Second

## Applicant Information

**Name:**

**Mailing  
Address:**

**Telephone:**

**Email:**

**What is your preferred method to receive written  
notification? Email/Letter**

**Do you own or lease the land associated with this  
application? Own/Lease**

**Do you have a financial interest in a farming entity  
with a WVCA employee working within West Fork  
Conservation District? Yes/No**

**Are you a spouse or dependent family member of a  
WVCA employee working within West Fork  
Conservation District? Yes/No**

**Do you have a financial interest in a farming entity  
with a West Fork Conservation District Supervisor?  
Yes/No**

**Are you a spouse or dependent family member of a  
West Fork Conservation District Supervisor? Yes/No**

## Farm Information

**WEST FORK CONSERVATION DISTRICT**

**Farm Location:**

Harrison Doddridge Gilmer Lewis

**Farm Name:**

**Farm #:**

**Tract #:**

**Field(s) #:**

**Is the land associated with this application part of  
a farming operation? Yes/No**

**If yes, does the operation have the potential for  
producing \$1,000 in value from its products per  
year? Yes/No**

**What was the name and/or topic of the last  
conservation related educational event you  
attended?**

Name/topic of event:

**Was the event attended prior to July 1, 2025?  
Yes/No**

**Is the area associated with this application part of  
another cost-share program for invasive species  
management? Yes/No**

**Has the area to be treated been cost-shared by  
AgEP or another program in the past 10 years?  
Yes/No**

## Best Management Practice

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

BMP	Limits	Cost Share Rate	Invasive Species Present
Invasive Species Management	Max payment of \$500.00	50% cost share on commercial application & chemicals	
		75% cost share on chemicals if self-applied	

## Program Eligibility

### **Definition:**

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

### **Purpose:**

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

### **Program Policies**

- Applicant must be a District Cooperator. (*Cooperator Agreement form is available upon request*)
- Applicants may be landowners or farm operators.
- Applicants that do not own the land associated with this application; additional paperwork is required. (*i.e. lease, Producer Information Form, FSA farm data report*).
- Property must be used as a farming operation to be eligible for the program: having the potential for producing at least \$1,000 of farm products annually.
- When a farm extends across district boundaries, the district where the farm taxes are paid is the district in which you will apply.
- Applicant will not be eligible for program reimbursement if he/she starts project before District approval.
- The District cannot provide financial assistance when project funding will be provided by other government (*federal or state*) source.
- Applicant must provide an aerial map identifying proposed location at the time of application. (*Maps can be obtained through the Farm Service Agency or the Natural Resources Conservation Service*)
- Applicants are limited to two approved cost-share practices per fiscal year (*July-June*).
- Application approvals will be made based upon availability of funds and program ranking.
- All contract agreements must be completed, and receipts submitted by the deadline, or you may not be eligible to participate in AgEP the following year.

### **Practice Policies**

- The District cannot cost-share on *Invasive Species Management* when previously cost-shared by government funds within the lifespan of the practice (*1 year*).
- Following District approval and signed agreement receipt, the practice must be completed by **05/22/2026**.
- Receipts and any documented labor (*paid or unpaid*) must be submitted by **05/22/2026**.

### **Reimbursement rates & limits**

- The maximum cost-share for this practice shall be \$500.00.
- Cost-share rates for commercially applied chemical shall be 50%. (*Applicator must have commercial applicators license*).
- Cost-share rate for producers that self-apply shall be 75%. (*50% on chemicals and 25% of chemical bill in labor, if self applied*)
- Cost-share covers the costs associated with the purchase of chemicals and application of chemicals.
- Practice must be complete, and paid receipts must be sent to the District office by the project deadline **5/22/2026** otherwise payments may be delayed or even denied. (***No extensions will be given***).
- The reimbursement will be made after paid invoices are received, the cooperator completes a W-9 form, and WFCD approves your reimbursement.
- No duplication of federal or state cost-share shall be allowed.

### **Practice Specifications**

- USDA-NRCS standards and specifications must be followed.
- Please refer to job sheets provided at the time of signing of contract for recommendations.
- Cooperator must use the correct construction materials and amounts recommended to receive reimbursement.

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

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_