

Guyana Conservation District Agricultural Enhancement Program FY18 Urban Agriculture Application

Applicant Information	Farm Information
Name:	
Mailing Address:	
Telephone:	
Email Address:	
Application Date:	
Best Management Practice	

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

BMP	Limits	Cost-Share Rate	Amount applied for	Other
Urban Agriculture	<ul style="list-style-type: none"> Not to exceed a total of: \$300.00 One application per household 	75% of receipts	Raised Bed	
			Rain barrel	
			Composting Structure	

Program Eligibility

A. Definition

Cost share incentive to assist with the purchase of a commercially produced raised bed, composting structure and or a rain water harvesting system.

B. Purpose

Provide agricultural assistance to landowners interested in vegetable gardening.
To encourage nontraditional participation in soil and water conservation practices.
Provide soil and watershed protection by storm water management and soil erosion reduction.
Encourage locally grown foods.

C. Policies for Practice

1. Applicant must be a District Cooperator.
2. A W-9 tax form will be required with application for District tax purposes.
3. Cost share is available to owner or lessee.
4. Applicant must provide map identifying tract and field along with proposed acreage.
5. NRCS standards and specs must be followed.
6. Methods of seeding stands may be established either by conventional or no till.
7. Approvals will be final on _____.
8. Application approvals will be made based upon availability of funds and based on the ranking form.
9. After approval applicant must follow job sheets provided at the time of signing the contract.
10. Invoices must be submitted by _____.
11. Failure to complete practice may affect future funding.

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be up to \$300.00 per cooperator.
2. The payment will be made after paid invoices are received, cooperator completes a W-9 form and the AgEP committee has made a site visit.
3. No duplication of federal or state cost-share shall be allowed.

E. Practice Specifications

1. Please refer to job sheets provided at the time of approval and signing of contract.

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:	
BD Date Approved:	
Contract Expiration Date:	
Application #:	
Verification #:	

