

# Potomac Valley Conservation District Agricultural Enhancement Program Invasive Species Management Application

## Applicant Information

Name:

Mailing Address:

Telephone:

Email Address:

Application Date:

## Farm Information

Conservation District:

County :

Farm Name:

Farm # :

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
Invasive Species Management	Max Payment of <u>\$500.00</u>	<u>50%</u> cost-share on commercial application and chemicals. <u>75%</u> cost share on self – application and chemicals.	

## 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. Signup period is **July 10th, 2017 through September 1st, 2017**
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. Approvals will be final on first Wednesday of September.
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 **May 31st, 2018**.
11. All Producers are to submit individual invoices for labor.
12. 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 chemical and 25% of chemical bill in labor*)
4. The payment will be made after paid invoices are received, cooperator completes 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.

### **E. Practice Specifications**

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>	

## **Potomac Valley Conservation District**

### **Ag Enhancement Program – Invasive Species List**

- Johnson grass
- Plumeless thistle
- Marijuana
- Curled thistle
- Opium Poppy
- Musk Thistle
- Kudzu
- Autumn Olive
- Multiflora Rose
- Mile-a-Minute
- Japanese Knotweed
- Tree of Heaven
- Purple Loosestrife
- Japanese Stiltgrass
- Tartarian honeysuckle
- Morrow's honeysuckle
- Poison hemlock
- Multiflora Rose
- Pigweed
- Jimson Weed
- Burdock





West Virginia  
Conservation Agency

# FY 18 Agricultural Enhancement Program Application Eligibility Form

## Applicant Information

Name:

Application Date:

Conservation District/s:

Farm #:

Tract #:

Field #:

(To be completed by staff based on application and supplemental information)

Is the landowner and/or operator holding a seat as a Conservation District Supervisor? ☐ Yes ☐ No

## AgEP Best Management Practices

Please check the following Best Management Practices applied for (change practice list to fit CD):

<input type="checkbox"/> Lime	<input type="checkbox"/> Invasive Species	<input type="checkbox"/> Deer Fence
<input type="checkbox"/> Frost Seeding	<input type="checkbox"/> Heavy Use Area Protection	

## Program Eligibility

1.	Is the applicant a Conservation District Cooperator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	Is it a farming operation? (as defined in 63 CSR 1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Is applicant the landowner and/or operator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	If applicant is operator, please check one of the following below: <input type="checkbox"/> copy of lease <input type="checkbox"/> producer information agreement that shows control of the land for the length of the contract		<input type="checkbox"/> No	
5.	Is there documentation to support development of an AgEP Contract? (Maps, soil test, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	Is there a Comprehensive Nutrient Management Plan? (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7.	Do soil test results meet the following recommendations below, if applicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8.	If soil test is required, is it dated within the previous 36 months (3 years) for the practices/fields included in application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9.	The fields and BMP's being applied for have not been paid through previous AgEP contracts within the practice lifespan. Select one: Y/N	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Soil test required for the following practices:

-Critical Area Planting

-Frost Seeding (Is ineligible if pH is 5.5 or less, less than medium score for P & K ineligible)

-Hay and Pasture Re-Seeding (Is ineligible if pH is 5.5 or less, less than medium score for P & K ineligible)

P - lbs/ac	P - PPM	P205 - lbs/ac	K - lbs/ac	K - PPM	K20 - lbs/ac
11 or less	9 or less	27 or less	75 or less	37 or less	120 or less

-Lime

-Nutrient Management (Is ineligible if pH is 5.5 or less and if P and K levels are in high range ineligible)

P - lbs/ac	P - PPM	P205 - lbs/ac	K - lbs/ac	K - PPM	K20 - lbs/ac
36 or higher	18 or higher	82 or higher	176 or higher	89 or higher	212 or higher

-Winter Grazing

**Office use only:**

Is application eligible? ☐ Yes ☐ No

(Applications are not eligible if answers are marked No)

Informational Only:

Proximity to stream (question for tie-in to 319)

What Watershed does this farm reside in?

63 CSR 1 defines the following:

“Farmer” means a person engaged in the activity of farming with the potential for producing at least one thousand dollars of products per annum from those activities.

“Activity of farming” means the production of food, fiber and woodland products, by means of cultivation, tillage of the soil and by the conduct of animal, livestock, dairy, apiary, equine or poultry husbandry, and the practice of forestry, silviculture, horticulture, or any other plant or animal production and all farm practices related, usual or incidental thereto, including the storage, packing, shipping and marketing, but not including any manufacturing, milling or processing of such products by other than the producer thereof.





West Virginia  
Conservation Agency

# FY 18 Agricultural Enhancement Program Invasive Species Management Ranking Form

## Applicant Information

Name:		Farm #:	Tract #:
County:		Field #:	

## Application Eligibility

Did application meet all of the required questions on the FY 18 Application Eligibility Form?

If Yes, please proceed to questions below. If no, Stop

Yes No

## General Ranking Questions

(To be completed by staff based on application and supplemental information)		Yes	No	Points
1.	Does a current conservation plan and/or nutrient management plan completed by a certified planner or trained technician exist for the land/practice being requested?			Y=5 N=0
2.	Does a forest stewardship plan exist for the land/practice being requested? (within last 10 years) If yes, was the plan completed by a registered forester?			Y=3 N=0
3.	Is the land enrolled in the USDA Farm and Ranch Lands Protection Program?			Y=2 N=0
4.	Is there an NRCS comprehensive nutrient management plan completed by a certified planner?			Y=5 N=0
5.	Is the field and/or practice in the USDA-NRCS Focused Conservation Approach Area?			Y=0 N=10
6.	Is cooperator a first time or previous non-funded applicant of the Ag Enhancement Program?			Y=20 N=0
7.	If a non-first time applicant, did the cooperator successfully complete all AgEP contracts within the past 24 months?			Y=10 N=0

**Total General Ranking Score:**

## Invasive Species Management Ranking Questions

(To be completed by staff based on the provided Evaluation Tool)		Yes	No	Points	Evaluation Tool
1.	Is species on Invasive Species List? (If yes proceed to questions #2, if no STOP)				NRCS Noxious & Invasive List, WVDNR Invasive Plants List
2.	Is the area used for pasture?			Y=30 N=0	Visual
3.	Is the area used for hay?			Y=20 N=0	Visual
4.	Is the area used for cropland?			Y=10 N=0	Visual
5.	What is the infestation of the land on the farm/application? Take weighted average of % infestation of all fields then:				Visual, weighted average
	76-100%			30	
	51-75%			20	
	26-50%			10	
	0-25%			5	
6.	Has this applicant implemented invasive species management within the last 3 years on this field?			Y=20 N=0	Ask cooperator/ AEP database

**Total Invasive Species Ranking Score:**

**Total General Ranking Score + Total Invasive Species Management Ranking Score:**



## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.