

Potomac Valley Conservation District
Return app to: 60C Industrial Park Rd Moorefield, WV 26836
Phone: 304-538-7581 WVCA or 304-822-5174 PVCD

Sign up period: July 10 – September 1, 2017
Practices MUST be completed by May 31, 2018

Name _____ Farm Number/Name _____
Address _____ Tract # _____
_____ Field # _____
Good Day Time Phone # _____ Email Address _____

Best Management Practice (BMP) applied for:

BMP	Limits	Cost-Share Rate	Footage requested	Crop Protected	Estimated Cost
Deer Fencing	Not to exceed \$2,500	50% cost share	_____ feet		

Purpose and Definition

Deer fence has been used successfully to exclude deer from agricultural crops, orchards, and tree and landscape nurseries. Deer fencing is the woven wire fencing constructed of metal wires woven together to form a physical barrier. Woven wire fencing in eight foot or taller heights, is considered the best permanent fencing to exclude deer, and should be considered where deer damage is moderate to high.

Policies for Practice

1. Application will be available **July 10th 2017 through September 1st, 2017.**
2. Applicant must be a District Cooperator.
3. This property being fenced must gross over \$1,000.00 in a year for production of food and fiber to be eligible.
4. NRCS standards and specs must be followed.
5. Cost share is available to landowner.
6. Applicant must provide map identifying area with drawing of proposed fencing.
7. Approvals will be final on **September 6, 2017.**
8. Invoices must be submitted by **May 31, 2018.**
9. No duplication of federal or state dollars shall be allowable.

Payment rates & limits:

1. The maximum cost-share for this practice will be 50% of the cost and will not exceed \$2,500 per producer.
2. 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.
3. The applicant must provide a copy of the Producer Farm Data Report provided by the Farm Service Agency. This will provide information to complete the application. Such as farm and tract numbers, county resides and the applicants relationship to farm.

By signing this agreement you acknowledge that you have read, understand, and agree to the terms and conditions stated in this document about the Deer Fencing Policies and Cost-Share rates.

Farm Name (if applicable): _____

Applicants Signature: _____ Date: _____

OFFICE USE ONLY:	
Date Received:	
Time:	
SCORE:	



FY 18 Agricultural Enhancement Program Deer Exclusion Fence 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	
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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? (within last 5 years)			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:

Deer Exclusion Fence Ranking Questions

(To be completed by staff based on the provided Evaluation Tool)		Yes	No	Points	Evaluation Tool
1.	Will fence provide protection from deer for a row crop?			Y=5 N=0	Map, Observation
2.	Will fence provide protection from deer for a truck crop?			Y=15 N=0	Map, Observation
3.	Will fence provide protection from deer for fruit bearing trees?			Y=10 N=0	Map, Observation
4.	Will fence be used to contain livestock?			Y=0 N=10	Observation
5.	Is deer population recognized to be at medium Herbivory risk in project location?			Y=20 N=0	NRCS Deer Herbivory Map
6.	Has alternative deer prevention been unsuccessful?			Y=10 N=5	Observation, Ask cooperator
7.	Has crop loss been reported to FSA?			Y=10 N=0	Contact FSA/ Ask cooperator
8.	Will fence completely exclude deer from production area?			Y=10 N=0	Observation
9.	Are products being produced marketed within 50 miles of project location?			Y=20 N=0	Ask cooperator
10.	Are products being produced marketed within 51-100 miles of project location?			Y=10 N=0	Ask cooperator

Total Deer Exclusion Fence Ranking Score:

Total General Ranking Score + Deer Exclusion Fence Ranking Score:

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.

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 one 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) ▶ _____ Note. 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.

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.