

Potomac Valley Conservation District Agricultural Enhancement Program Lime Application

| Applicant Information | Farm Information | | | | | |
|-----------------------|------------------------|--|--|--|--|--|
| Name: | | | | | | |
| 4. | Conservation District: | | | | | |
| Mailing Address: | County: | | | | | |
| | Farm Name: | | | | | |
| Telephone: | Farm #: | | | | | |
| Email Address: | Tract #: | | | | | |
| Application Date: | Field # or #'s: | | | | | |
| Best N | fanagement 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 |
|------|-------------------------|-----------------------------------|--------------------|
| | Not to exceed 75 acres | 50% cost-share up to \$40.00 | |
| Lime | Covers payment for: Hay | per ton max | |
| | and Pasture Only | Not to exceed \$20.00 | acres |
| | | If Practice is completed within 6 | |
| | | months of approval | |

Program Eligibility

1. Definition

1. To improve soil structure, reduce erosion, and increase the production of grassland.

2. Purpose

- 1. Provide incentive for the maintenance of grasses and /or legumes on grassland.
- 2. Provide soil and watershed protection by increasing plant vigor and vitality therefore aiding in the reduction of erosion on grassland.

3. Policies for Practice

- 1. Application signup period will be from July 10th 2017 through April 27th, 2018 while Funds allow.
- Applicant must be a District Cooperator.
- 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 Following Month.
- 8. Application approvals will be made based upon availability of funds and based on the ranking form.
- 9. Invoices must be submitted by May 31, 2018.
- 10. Care must be given to protect water quality during and after application.
- 11. Current soil test (w/in past 3 yrs) must come from a certified laboratory.
- 12. Soil samples may be taken by any qualified or approved person, including the farmer.
- 13. Only state registered ag lime, purchased in bulk, may be used.
- 14. Lime must meet state agriculture registration requirements in order to be approved.
- 15. Fields will be on a 3 year rotation for application.

4. Payment rates & limits:

- 1. The maximum cost-share for this practice shall be at a 50% rate up to \$40.00 per ton maximum on Hay and Pasture only if practice is completed within six months after approval is made.
- 2. Not to exceed \$20.00 a ton cost share payment.
- 3. If Practice is completed after the six months cost share rates shall be 50% up to \$30.00 per ton max of \$15.00 per ton payment.
- 4. Cost-sharing is authorized for purchase, delivery, and application of necessary lime for maintenance of permanent grasses, legumes on pasture and hay land.
- 5. Maximum of 75 acres per applicant.
- 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.
- 7. 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: | |

| OFFICE USE ONL | Υ: |
|---------------------------|----|
| Date Received: | |
| Time Received: | |
| Ranking Score: | |
| If Approved: | |
| BD Date Approved: | |
| Contract Expiration Date: | |
| Application #: | |
| Verification #: | |



FY 18 Agricultural Enhancement Program Application Eligibility Form

| Applicant Information | | | | | | | | | | |
|--|--|---|--|--|--|----------------|---------------------------|-------------------|-----|--|
| Name: | | Application Date | ۵۰ | | | | | | | |
| 9 9 | | | | | | | | | | |
| Farm #: | | Conservation Di | strict | /s: | | | | | | |
| | | | | | | | | | | |
| Tract #: | | | | | | | | | | |
| Field #: | | | | | | | | | | |
| (To be completed by staff based on application and supplemental information) | | | | | | | | | | |
| Is the landowner and/or opera | | | | W. W | "3 | /os | | No. | | |
| | | nagement Practice | | Superviso | re 🗀 Y | es | | No | | |
| Please check the following Best Management P | actices applied fo | r (change practice list | to fit | CD): | | | | | | |
| Lime | ☐ Invasive S | | | Deer Fe | nce | | | | | |
| □ Frost Seeding | | Area Protection | | Deci 10 | Ticc | | | | | |
| | No. of the last of | m Eligibility | | | | | | | | |
| 1. Is the applicant a Conservation District Coope | | 8 | | | Yes | | No | | | |
| 2. Is it a farming operation? (as defined in 63 (| | | | | Yes | | No | - | | |
| 3. Is applicant the landowner and/or operator | | Water Control of the | | | Yes | | No | - | | |
| If applicant is operator, please check one of t | he following below | <i>/</i> : | | | | | | | | |
| ☐ copy of lease | | | | | | | | | | |
| 4. producer information agreement that sl | | | | | | | No | | | |
| 5. Is there documentation to support development | nent of an AgEP Co | ontract? (Maps, soil te | st, etc | .) 🗆 | Yes | | No | | | |
| 6. Is there a Comprehensive Nutrient Manager | | | - a see went to | | Yes | | No | | N/A | |
| 7. Do soil test results meet the following recomm | nendations below, | if applicable? | | | Yes | | No | | N/A | |
| f soil test is required, is it dated within the pr | evious 36 months (| 3 years) for the | 7 | | | | | | - | |
| 8. practices/fields included in application? | | | | | Yes | | No | | N/A | |
| The fields and BMP's being applied for have n 9. within the practice lifespan. Select one: Y/N | ot been paid throu | gh previous AgEP cont | racts | | | | | | | |
| Soil test required for the following practices: | | | _ | | Yes | | No | | N/A | |
| -Critical Area Planting | | | | | | | | | | |
| -Frost Seeding (Is ineligible if pH is 5.5 or less, | less than medium | score for P & K incligib | ارما | | | | | | | |
| -Hay and Pasture Re-Seeding (Is ineligible if p | H is 5.5 or less, less | than medium score for | or P & | K ineligihle | 1 | | | | 41 | |
| P – Ibs/ac P – PPM P205 – Ibs | /ac | K- Ibs/ac | | - PPM | | - lbs/ | /ac | | | |
| 11 or less 9 or less 27 or les | S | 75 or less | 37 | or less | 120 or less | | | | | |
| -Lime | | | | | | Will and Dates | and bottom to the same of | | | |
| -Nutrient Management (Is ineligible if pH is 5.5 P – Ibs/ac P - PPM P205 – Ibs/ | or less and if P an | | | | _ | | | | | |
| P – lbs/ac P – PPM P205 – lbs, 36 or higher 18 or higher 82 or high | | K- lbs/ac K - PPM K2O - lbs/ac | | | | | | | | |
| -Winter Grazing | еі | 176 or higher 89 or higher 212 or higher | | | | | | | | |
| | | | 100 10 | | A MARKET NA | | | den sylvanise ser | | |
| Office use only: | | Is applica | tion | eligib | le? 🛚 | ∃Ye | S | | Vo | |
| | | (Applications are | not e | ligible if a | answe | rs ar | e mi | arked | No) | |
| nformational Only: | | 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | · STATE OF THE STA | , | The street of th | est Profesion | | | | |
| Proximity to stream (question for tie-in to 319) | | | | | | | | | | |
| What Watershed does this farm reside in? | | N. | | | | | | | | |
| FY 18 Final | | 889 | | | | | | | | |

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 p oultry husbandry, and the practice of forestry, sylviculture, 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.



FY 18 Agricultural Enhancement Program Lime Ranking Form

West Virginia
Conservation Agency

| | | <u>Applicant</u> | ln | formation | | | No. Oak | gwant y raab | |
|--|------------------------|---|-----------------|------------------|-------------------|-------------------|----------|--|---------------------|
| N | ame: | | | Farm #: | | Trac | :t #: | | |
| C | ounty: | inty: Field #: | | | | | | | |
| | | Application | Eli | gibility | 利用出致 责 | | | | |
| Did | applicat | ion meet all of the required questions on the FY 18 Ap If Yes, please proceed to question | plic | ation Eligibilit | ty Form? | | Yes | No | |
| | | General Ranki | | | , этор | | res | INO | |
| (| To be cor | npleted by staff based on application and supplement | | | | | Yes | No P | oints |
| 1. t | Does a cu rained te | rrent conservation plan and/or nutrient management p chnician exist for the land/practice being requested? | lan | completed by | | ner or | | 1 | Y=5 N=0 |
| 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 Y=5 |
| 4. | s there a | n NRCS comprehensive nutrient management plan com | plet | ed by a certifi | ied planner? | | | | N=0 Y=0 |
| 5. | s the fiel | d and/or practice in the USDA-NRCS Focused Conservation | ion | Approach Are | a? | | | | N=10 |
| 6. Is cooperator a first time and/or previous non-funded applicant of the Ag Enhancement Program? | | | | | | | | | Y=20 N=0 Y=10 |
| 7. 1 | f a non-fir | st time applicant, did the cooperator successfully complete a | II Ag | EP contracts w | ithin the past 24 | months? | | | N=0 |
| | Markatan kanan | | | Total G | eneral Rankii | ng Score: | | | |
| | | Lime Ranking | | CONTROL STORY | | Die Te Ver | | | |
| | | (To be completed by staff based o | | | | ı | | | |
| | | | ŀ | Fields/pH | Acres | Lime recommend | dation | Total to | ns |
| l | | _ * | | | | | | | |
| 1 | | verage Tonnage tain the average tonnage: | - | | | | | | |
| 111 | | each soil test result and multiply lime | | | | | | | |
| | | mendation by number of acres. | | | | | | | |
| | | onnage for each soil test result and add together to | | | | | | | |
| | | tal tonnage for entire application. otal acreage for entire application. | | | | | | | |
| | | e total tonnage by total acres. | | | | | | | |
| | | | | Totals: | | | | | |
| | | | | Aver | rage Tonnage : | | | | 111 |
| | | | | | | | | | |
| | 1A/b out | is your amplications lines Cooks | | | | Times | Times 20 | | |
| 1. | | is your applications Lime Score: ge tonnage is multiplied by 20 to get lime score) | Average Tonnage | | 1111103 20 | | | | |
| | | | | | | Y=10 | | | |
| 2. | Is the | soil test dated within the previous 12 months | s (1 | year)? | | N=0 | | | |
| | | - | | | Total Lime R | anking So | ore: | | |
| | | Total General Ro | ank | ing Score + | Total Lime R | anking Sc | ore: | | |

(Rev. December 2014) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

| | 1 Name (as shown on your income tax return). Name is required or | this line: do not leave this line blank | | | price. |
|---|---|---|---|-----------------------------------|---------|
| | 1 | time inte, de flot leave this line plank. | | | |
| Print or type See Specific Instructions on page 2. | 2 Business name/disregarded entity name, if different from above | | | | |
| | | | | | |
| | Check appropriate box for federal tax classification; check only of Individual/sole proprietor or C Corporation single-member LLC Limited liability company. Enter the tax classification (C=C corporation). | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) | | | |
| | Note. For a single-member LLC that is disregarded, do not che the tax classification of the single-member owner. | Exemption from FATCA reporting code (if any) | | | |
| P o | Under (see instructions) ▶ | (Applies to accounts maintained outside the U.S.) | | | |
| Decif | 5 Address (number, street, and apt. or suite no.) | | Requester's name a | and address (optional) | 3.) |
| S 996 | 6 City, state, and ZIP code | | | | |
| 03 | 7 List account number(s) here (optional) | | | | |
| | | | | | 100.000 |
| Par | | | | | |
| backu | our TIN in the appropriate box. The TIN provided must mate | h the name given on line 1 to avo | id Social sec | curity number | - |
| reside | nt alien, sole proprietor, or disregarded entity, see the Bart I: | curity number (SSN). However, for | ra 📗 | | = |
| | s, it is your employer identification number (EIN). If you do no page 3. | nstructions on page 3. For other that have a number, see How to get | a | | |
| Note. | if the account is in more than one name, see the instructions | | or | | |
| guideli | nes on whose number to enter. | for line 1 and the chart on page 4 | for Employer | identification number | |
| West of the second | | | | - | |
| Part | | | | | |
| Under | penalties of perjury, I certify that: | | | | |
| 1. The | number shown on this form is my correct taxpayer identifica | ution number (or I am waiting for a | number to be ice | aread to mark and | |
| Sen no l | riot subject to backup withholding because: (a) I am exemprice (IRS) that I am subject to backup withholding as a result onger subject to backup withholding; and | | | | am |
| 3. I an | 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 La | m exempt from FATCA reporting | is correct | | |
| becaus interest general instruct | cation instructions. You must cross out item 2 above if you e you have failed to report all interest and dividends on your paid, acquisition or abandonment of secured property, cancely, payments other than interest and dividends, you are not reions on page 3. | have been notified by the IRS that tax return. For real estate transac | t you are currently tions, item 2 does | s not apply. For mortgage | g |
| Sign Here | Signature of U.S. person ▶ | | | | |
| 00- | | Date | | | |
| | Peral Instructions references are to the Internal Revenue Code unless otherwise noted. | Form 1098 (home mortg (tuition) | age interest), 1098- | E (student loan interest), 1098-T | |
| Erstran - | and the internal nevertible Code unless otherwise noted. | Form 1099-C (canceled) | debt) | | |

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 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
- 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.