|  |
| --- |
| Agricultural Enhancement ProgramInvasive Species Management Application |
| |  |  |  |  | | --- | --- | --- | --- | | **Applicant Information** | |  | **Farm Information** | | **Name:** |  |  | **Monongahela Conservation District** | |  |  |  | | **Mailing Address:** | |  | **County :** | |  |  |  | **Farm Name:** | | **Telephone:** |  |  | **Farm # :** | | **Email Address:** |  |  | **Tract # :** | | **Application Date:** | |  | **Field # or #’s:** | |
| Best Management Practice |
| |  |  |  |  | | --- | --- | --- | --- | | BMP | Limits | Cost-Share Rate | Amount applied for | | Invasive Species  Mgmt. | Cost-share on the cost of chemicals only. | $30 per brush acre  Max reimbursement of $900.00 | Acres \_\_\_\_\_\_\_\_\_  $ \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Program Eligibility |
| 1. **Definition** 2. Management of invasive species in pasture fields and their fence rows using chemical controls. 3. **Purpose** 4. Provide incentive for the control of invasive species in permanent pasture and their fence rows preventing the spread of undesirable plants and reducing negative environmental and economic impacts caused by these species. 5. **Policies for Practice** 6. Applicant must be a District Cooperator. 7. Cost share is available to owner or lessee. 8. Where applicable, NRCS and/or WVU Extension Service standards and recommendations must be followed. 9. Care must be given to protect water quality during and after application, follow all label directions. 10. The applicant may use the herbicide of their choice as long as the pest plant to be controlled is listed on the label or has been recommended by WVU Extension or other state of WV approved authority. 11. Property/land eligible for practices must meet the West Virginia definition of a farm, producing $1000 of gross income annually. 12. Farm animals must be on the property for there to be a resource concern that justifies this practice. 13. Plants to be controlled must be on the Invasive Species plant list published by the WV Division of Natural Resources or USDA NRCS. 14. Only acres that are infested with invasive species will be considered for the program. This will be decided on by the district technician using observation and mapping software to get an accurate acreage. The acreage on the field map will not be used to determine the infested acreage. 15. When a chemical application to a boundary line fence is wanted, a written statement authorizing that treatment from the neighboring landowner must be submitted as part of this application. 16. Seeding and/or mulching should be performed where bare earth is created due to mechanical disturbance or chemical application and soil erosion will occur. 17. Application approvals will be made based upon availability of funds and based on the ranking form. 18. **Payment Rates and Limits:** 19. Approval will be based on availability of funds and a ranking system. 20. The maximum cost-share for this practice shall be $30.00 per brush acre up to 30 acres and a maximum payment of $900.00 total per participant per fiscal year. 21. In combination with other practices applicant cannot exceed $7,000.00 of assistance 22. **The practice must be completed by \_May 31, 2019\_.** 23. **Cooperator Requirements for Program Participation Consideration (must be submitted as a package)** 24. Applicant must be a District Cooperator 25. Practice Application Form 26. Farm map with individual fields and areas identified where the control is proposed. 27. Lease agreement when applicable 28. Application approvals will be made based upon availability of funds and a ranking process. 29. After approval, the applicant must follow job sheets provided at the time of signing the contract. 30. **Payment Process** 31. The payment will be approved as: 1. Paid invoices are received; 2. the cooperator completes a W-9 form; 3. a completion visit is done; 4. a completion form is signed: 5. the District approves the payment. 32. No duplication of federal or state cost-share shall be allowed. 33. **All invoices, signed & dated W-9 and Program Cost Verification Forms must be received at the Monongahela Conservation District Office by \_May 31, 2019\_\_\_ otherwise payments may be delayed or even denied.** 34. **No contract extensions will be granted for any reason.** Contracts may be cancelled with notification to the Monongahela Conservation District in writing**.**  |  |  | | --- | --- | | **OFFICE USE ONLY:** | | | **Date Received:** |  | | **Time Received:** |  | | **Ranking Score:** |  | | **If Approved:** | | | **BD Date Approved:** |  | | **Contract Expiration Date:** |  | | **Application #:** |  | | **Verification #:** |  |   **Note:** The Monongahela Conservation District reserves the right to change policies and/or cost share rates during the fiscal year without notice. Any changes will not affect or change any agreements retroactively with the cooperator from the time the Conservation District approved their contract.  By signing this I have read, understand, and agree to the terms and condition stated in this document.  **Farm Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |