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| Agricultural Enhancement ProgramPollinator Planting 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 | Other | | Pollinator Planting | Not to exceed ¼ acre;  10,890 Sq. Ft. | **80%** cost-share on the purchase of seed, quantity determined by source recommendations.  Not to exceed **$200.00** | \_\_\_\_\_\_\_\_\_\_\_ Sq. Ft. | Must purchase seeds native to region, from an approved vendor. | |
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| Program Eligibility |
| 1. **Definition** 2. The area will be seeded and maintained in permanent vegetative cover to enhance wildlife habitat and pollinator habitat. 3. **Purpose** 4. To increase habitat for native and managed pollinators 5. **Policies for Practice** 6. Applicant must be a District Cooperator. 7. Cost share is available to owner or lessee. 8. Property/land eligible for practices must meet the West Virginia definition of a farm, producing $1000 of gross income annually. 9. This practice is limited to one project per fiscal year unless a variance is granted by the Monongahela Conservation District. 10. Methods of seeding stands may be established either by conventional or no till. 11. The participant will be responsible for any permits that are pertinent to the practice installation. 12. After approval applicant must follow job sheets provided at the time of signing the contract. 13. **Payment Rates and Limits:** 14. Approval will be based on availability of funds and a ranking system. 15. The cost-share for this practice shall be 80% of the cost of the seed mix with a maximum of $200.00. The seed mix kind and quantity must be pre-approved by the Monongahela Conservation District Agriculture Enhancement Committee. 16. Development must follow the USDA NRCS standard specification and/or the seed distributor’s recommendations. 17. In combination with other practices applicant cannot exceed $7,000.00 of assistance 18. **The practice must be completed and functioning by \_\_\_\_\_\_\_\_\_\_\_\_\_** 19. **Cooperator Requirements for Program Participation Consideration (must be submitted as a package)** 20. Applicant must be a District Cooperator 21. Practice Application Form 22. Farm map with individual fields and areas identified where the practice installation is proposed. 23. Lease agreement when applicable 24. **Payment Process** 25. The payment will be approved as: 1. Paid invoices are received; 2. the cooperator completes a W-9 form; 3. a verification visit is done; 4. a verification form is signed: 5. the District approves the payment. 26. No duplication of federal or state cost-share shall be allowed. 27. **All invoices, a signed & dated W-9 and Program Cost Verification Forms must be received at the Monongahela Conservation District Office by \_\_\_\_\_\_\_\_\_ otherwise payments may be delayed or even denied.** 28. **No contract extensions will be granted for any reason. Contracts may be cancelled with notification to the Monongahela Conservation District in writing.**   **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.   |  |  | | --- | --- | | **OFFICE USE ONLY:** | | | **Date Received:** |  | | **Time Received:** |  | | **Ranking Score:** |  | | **If Approved:** | | | **BD Date Approved:** |  | | **Contract Expiration Date:** |  | | **Application #:** |  | | **Verification #:** |  |   By signing this I have read, understand, and agree to the terms and condition stated in this document.  **Farm Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |