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| Agricultural Enhancement ProgramUrban Agriculture Application  |
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| **Applicant Information** |  | **Farm Information**  |
| **Name:** |  |  | **Monongahela Conservation District** |
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|  **Mailing Address:** |  | **County :**  |
|  |  |  | **Farm Name:** |
|  **Telephone:** |  |  | **Farm # :**  |
|  **Email Address:** |  |  | **Tract # :**  |
|  **Application Date:** |  | **Field # or #’s:** |

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| Best Management Practice |
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| BMP | Limits | Cost-Share Rate | Amount applied for | Other  |
| **Urban Agriculture** | $150.00 annually per co-operator | 50% up to $150.00 | Tumbler Compost BinsStraw Mulch - (1 bale)Raised BedsRain BarrelSoil |  |

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| Program Eligibility |
| 1. **Definition:**
2. All Best Management Practices (BMP) must be purchased as a manufactured kit and built to manufactured instructions. BMPs are intended to address soil erosion and other related problems.
3. **Purpose:**
4. Provide assistance to urban landowners that are interested in agricultural practices. Rural landowners will not be excluded, providing soil and watershed protection by storm water management and soil erosion reduction, and encourage locally grown foods.
5. **Policies for Practice**
6. Applicant must be a District Cooperator.
7. Cost share is available to owner or lessee.
8. Applicant must provide map identifying tract and field along with proposed acreage.
9. Application approvals will be made based upon availability of funds and based on the ranking form.
10. After approval applicant must follow job sheets for provided at the time of signing the contract.
11. Invoices must be submitted by **\_\_\_\_\_\_\_\_\_\_\_\_**
12. **Payment rates & limits:**
13. The maximum cost-share for this practice shall be at a **50%** rate up to **$150.00** maximum.
14. Maximum of **$150.00** per household per year.
15. 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.
16. No duplication of federal or state cost-share shall be allowed.
17. In combination with other practices applicant cannot exceed $7,000.00 of assistance
18. **Payment Process**
19. 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.
20. No duplication of federal or state cost-share shall be allowed.
21. **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.**
22. **All invoices must be received at the Monongahela Conservation District Office \_\_\_\_\_\_\_\_\_\_\_\_\_ otherwise payments may be delayed or even denied.**
23. **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.

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| **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 conditions stated in this document. **Farm Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |