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| Agricultural Enhancement ProgramNutrient 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 |
| **Please complete the following information for the Best Management Practice you would like to apply for:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | BMP | Limits | Cost-Share Rate | Amount applied for | Other | | Nutrient Management (Commercial Fertilizer) | Not to exceed 20 acres. Covers payment for P (Phosphorus) and K (Potassium) fertilizer | Flat rate of **$40/acre** for P   * 18-46-0 or 0-46-0   Flat rate of **$20/acre** for K   * 0-0-60   Not to exceed $1,200.00 | \_\_\_\_\_\_\_\_\_\_\_ acres  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PASTURE ONLY | |
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| Program Eligibility |
| 1. **Definition** 2. To improve soil structure, soil tilth, reduce erosion, and improve plant productivity on permanent pasture land. 3. **Purpose** 4. Provide incentive for the maintenance of **PERMANENT PASTURE ONLY**. 5. Provide soil and watershed protection by increasing plant vigor and vitality therefore aiding in the reduction of erosion on grassland. 6. To budget and supply nutrients for plant production. 7. **Policies for Practice** 8. Applicant must be a District Cooperator. 9. A W-9 tax form will be required with application for District tax purposes. 10. Cost share is available to owner or lessee. 11. Applicant must provide map identifying tract and field along with proposed acreage. Maps can be obtained through the Farms Service Agency (FSA). 12. NRCS standards and specs must be followed. 13. Methods of seeding stands may be established either by conventional or no till. 14. Approvals will be final on \_\_\_\_\_\_\_\_\_\_\_. 15. Application approvals will be made based upon availability of funds and based on the ranking form. 16. After approval, applicant must follow job sheets provided at the time of signing the contract. 17. Practices must be completed and invoices must be submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 18. **Payment rates & limits:** 19. The cost-share for this practice shall be $40/acre for Phosphorus (18-46-0 or 0-46-0) and $20/acre for Potassium (0-0-60). Not to exceed $60/acre. 20. Maximum of 20 acres per applicant. 21. 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. 22. No duplication of federal or state cost-share shall be allowed. 23. Practice must be complete and receipts must be sent to the District Office by the project deadline. **No extensions will be given** 24. Total reimbursement will not exceed total cost based on receipts submitted. 25. In combination with other practices applicant cannot exceed $7,000.00 of assistance 26. **Practice Specifications** 27. Please refer to job sheets provided at the time of approval and signing of contract. 28. 18-46-0 DAP fertilizer or 0-46-0 may be used for the program. 29. **Payment Process** 30. 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. 31. No duplication of federal or state cost-share shall be allowed. 32. **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.** 33. **All invoices must be received at the Monongahela Conservation District Office \_\_\_\_\_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |