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| Agricultural Enhancement ProgramWinter Grazing Application Monongahela Conservation District |
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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 |
| **Please complete the following information for the Best Management Practice you would like to apply for:**

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| BMP | Limits | Cost-Share Rate | Amount applied for | Other  |
| Winter Grazing | Not to exceed 50 acresDoes not have to be contiguous  | Flat rate of $20.00 per acreNot to exceed $1,000.00 | \_\_\_\_\_\_\_\_\_\_\_ acres | Must not graze/hay after Aug. 15Min. pH of 5.6  |

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| Program Eligibility |
| 1. **Definition**
2. Stockpiling forage to extend grazing period of livestock
3. **Purpose**
4. To reduce soil erosion.
5. To protect water quality.
6. Reduce fossil fuel requirements of farming operations. (i.e. Diesel Fuel)
7. Reduce farm input costs
8. Improve cooperators grazing management by incentivizing stockpiled forages.
9. **Policies for Practice**
10. Applicant must be a District Cooperator.
11. A W-9 tax form will be required with application for District tax purposes.
12. Cost share is available to owner or lessee.
13. Applicant must provide map identifying tract and field along with proposed acreage. Maps can be obtained through the Farms Service Agency (FSA).
14. NRCS standards and specs must be followed.
15. Methods of seeding stands may be established either by conventional or no till.
16. Approvals will be final on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
17. Application approvals will be made based upon availability of funds and based on the ranking form.
18. After approval, applicant must follow job sheets provided at the time of signing the contract.
19. Invoices must be submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
20. **Payment rates & limits:**
21. The maximum cost-share for this practice shall be $20.00 per acre for each applicant
22. Maximum of 50 acres per applicant.
23. Cost share is authorized ONLY for the purchase of Nitrogen. Purchase of fence and fencing supplies will not be reimbursed.
24. 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.
25. No duplication of federal or state cost-share shall be allowed.
26. Practice must be complete and receipts must be sent to the District Office by the project deadline. No extensions will be given.
27. In combination with other practices applicant cannot exceed $7,000.00 of assistance
28. **Practice Specifications**
29. Acres enrolled in an extended grazing program will be stockpiled from August 15 until all other pastures are utilized, approximate date to begin grazing stockpiled fields is December 1.
30. Cost share program will reimburse purchase of Nitrogen only.
31. Harvest hay or graze field to be stockpiled to a grass height of 3-4 inches between July 15 and August 15. This will allow for higher forage quality when new forage growth begins.
32. All livestock must be removed and no hay can be taken from field after August 15th.
33. One hundred (100) pounds of Urea or equivalent to 46 pounds of Nitrogen will be applied after livestock are removed and/or hay is cut; **do not apply Nitrogen before July 15 or after August 15.**
34. Failure to maintain stockpiled fields until all other fields have been utilized will result in forfeiture of your cost-share opportunity for this practice during this fiscal year.
35. A rotational grazing system will utilize the most of your stockpiled fields, i.e. use of temporary fence.
36. Tall fescue will respond best to extended grazing, so consider selecting fields for enrollment that have a greater fescue composition.
37. Only fields with a **minimum pH of 5.6** will be considered.
38. Practice will be considered complete after winter grazing has been accomplished in December, 2018.
39. Total reimbursement will not exceed total cost based on receipts submitted.

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| **OFFICE USE ONLY:** |
| **Date Received:** |  |
| **Time Received:** |  |
| **Ranking Score:** |  |
| **If Approved:** |
| **BD Date Approved:** |  |
| **Contract Expiration Date:** |  |
| **Application #:** |  |
| **Verification #:**  |  |

1. **Payment Process**
2. 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.
3. No duplication of federal or state cost-share shall be allowed.
4. **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.**
5. **All invoices must be received at the Monongahela Conservation District Office \_\_\_\_\_\_\_\_\_\_\_\_\_ otherwise payments may be delayed or even denied.**
6. **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. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |