



# Agricultural Enhancement Program – Emergency Assistance Application Revegetation of Feeding Areas

West Virginia  
Conservation Agency

Applicant Information
<b>Name:</b>
<b>Mailing Address:</b>
<b>Telephone:</b>
<b>Email Address:</b>
<b>Application Date:</b>

Farm Information
<b>Conservation District:</b> Guyan Conservation District
<b>County :</b>
<b>Farm Name:</b>
<b>Farm # :</b>
<b>Tract # :</b>
<b>Field # or #'s:</b>

## 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
Revegetation of Feeding Areas	Not to exceed <b>50 acres</b> per farm.	\$60/acre flat rate	_____ acres	

## Program Eligibility

Is this practice approved for financial assistance through another program? \_\_\_\_ Yes \_\_\_\_ No (if yes, not eligible)

Is this practice covered under private insurance policy? \_\_\_\_ Yes \_\_\_\_ No (if yes, not eligible)

Was this practice installed as part of a cost share program/project? \_\_\_\_ Yes \_\_\_\_ No Select: AgEP  319

Other \_\_\_\_\_

**A. Policies for Practice**

1. Applicant must be a District Cooperator.
2. A W-9 tax form will be required with application.
3. Cost share is available to owner or lessee.
4. Applicant must provide map identifying tract and field along with proposed acreage.
5. Technical guidance from WVU Extension and/or NRCS standard must be followed.
6. Application approvals will be made by the Conservation District based upon site visit and availability of funds.
7. Invoices must be submitted by May 31, 2019.

**B. Payment rates & limits:**

1. The cost-share rate for this practice shall be \$60 per acre.
2. Maximum of 50 acres per applicant.
3. Payment approval will be authorized by district board. Cooperator must submit paid invoices, complete a W-9 form and contact Conservation District to verify practice implementation prior to receiving payment.
4. No duplication of federal or state cost-share shall be allowed.

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:** \_\_\_\_\_

OFFICE USE ONLY:	
<b>Date Received:</b>	
<b>Time Received:</b>	
<b>Ranking Score:</b>	
<b>If Approved:</b>	
<b>BD Date Approved:</b>	
<b>Contract Expiration Date:</b>	
<b>Application #:</b>	
<b>Verification #:</b>	