

Guyana Conservation District Agricultural Enhancement Program FY 20 Nutrient Management Application



Applicant Information	Farm Information
Name:	Conservation District: Guyana Conservation District County: Farm Name: Farm #: Tract #: Field # or #'s:
Mailing Address:	
Telephone:	
Email Address:	
Application Date:	
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 30 acres. Covers payment for 18-46-0 (DAP) and 0-0-60 (POTASH) blended fertilizer	Up to \$60.00 per acre** Not to exceed \$1800.00 **Total reimbursement will not exceed total cost based on receipts submitted.	_____ acres \$ _____	Min. pH of 6.0

Program Eligibility

A. Definition

1. To improve soil structure, soil tilth, reduce erosion, and improve plant productivity on permanent pasture and hay land.

B. Purpose

1. Provide incentive for the maintenance of **pasture and hay land**.
2. Provide soil and watershed protection by increasing plant vigor and vitality therefore aiding in the reduction of erosion on grassland.
3. To budget and supply nutrients for plant production.

C. Policies for Practice

1. Applicant must be a District Cooperator.
2. Per soil test result, pH must be above 6.0 to be eligible.
3. A soil test is considered current if it is less than (3) three years of the date the practice is requested.
4. After (3) three years the initial acreage is eligible for re-application.
5. A W-9 tax form will be required with application for District tax purposes.
6. Cost share is available to owner or lessee.
7. Applicant must provide map identifying tract and field along with proposed acreage.
8. NRCS standards and specs must be followed.
9. Soil test recommendations will be followed.
10. Approvals will be final on 3rd Thursday of every month.
11. Application approvals will be made based upon availability of funds and based on the ranking form.
12. After approval applicant must follow job sheets provided at the time of signing the contract.
13. Cooperator may sign up for the Nutrient Management practice one time per fiscal year.
- 14. Invoices must be submitted within 60 days of practice approval.**
15. Failure to complete practice may affect future funding.

D. Payment rates & limits:

1. The cost-share for this practice will pay up to \$60.00 per acre for each applicant not to exceed \$1800.00.
2. Maximum of 30 acres per applicant.
3. 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.
4. No duplication of federal or state cost-share shall be allowed.
5. Total reimbursement will not exceed total cost based on receipts submitted.

E. Practice Question

1. Has the cooperator participated in conservation related educational events within the past 12 months? **YES OR NO**

F. Practice Specifications

1. Please refer to job sheets provided at the time of approval and signing of contract.
2. **Minimum pH of 6.0.**

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:	
Date Received:	
Time Received:	
Ranking Score:	
If Approved:	
BD Date Approved:	
Contract Expiration Date:	
Application #:	
Verification #:	