

Agricultural Enhancement Program Lime Application Deadline – July 10, 2020

Conservation Agency

| Applicant Information | Farm Information | | |
|--------------------------|----------------------------|--|--|
| Name: | | | |
| | Conservation District: ELK | | |
| Mailing Address | | | |
| | County : | | |
| | Farm Name: | | |
| Telephone: | Farm # : | | |
| Email: | Tract # : | | |
| Application Date: | Field # or #'s: | | |
| Post Monogoment Prosting | | | |

Best Management Practice

| BMP | Limits | Cost-Share Rate | Amount applied for | Other |
|------|-------------------------|--|--------------------|-------|
| Lime | Not to exceed 50 acres. | 50% cost-share rate, Max. cost \$35.00 per ton Max. Reimb. \$17.50 per ton | acres | |

Program Eligibility

A. Purpose: Reducing soil erosion by increase overall soil health and increasing soil pH to decrease less desired vegetation.

B. Policies for Practice

- Applicant must be a District Cooperator. 1.
- 2. A W-9 tax form will be required with application for District tax purposes.
- 3. Cost share is available to owner or lessee.
- 4. Applicant must provide map identifying tract and field along with proposed acreage.
- 5. NRCS standards and specs must be followed.
- 6. Approvals will be final on July 28, 2020.
- 7. Application approvals will be made based upon availability of funds and based on the ranking form.
- Invoices must be submitted by **December 7, 2020**. 8.

C. Payment rates & limits:

- 1. The maximum cost-share for this practice shall be at a 50% rate up to \$35.00 per acre maximum on lime and delivery only.
- Maximum of 50 acres per farm. Tonnage will be based on current soil test. 2.
- The payment will be made after paid invoices are received, cooperator completes a W-9 form and a district representative has 3. made a site visit.
- 4. No duplication of federal or state cost-share shall be allowed.
- 5. Lime must meet state agricultural registration requirements in order to be approved. Liquid lime is ineligible.
- 6. If approved field is not eligible for reapplication for 3 years.

D. <u>Practice Specifications</u>

1. Please refer to guidelines provided at the time of approval and signing of contract.

By signing this I have read, understand, and agree to the terms and conditions stated in this document.

Farm Name (if applicable): _____

Applicant Signature:

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

Date: