



West Virginia  
Conservation Agency

# Agricultural Enhancement Program

## Cover Crop Application – Deadline July 10, 2020

Applicant Information	Farm Information
<b>Name:</b>	<b>Conservation District:</b> ELK
<b>Mailing Address</b> _____	<b>County :</b>
<b>Telephone:</b>	<b>Farm Name:</b>
<b>Email:</b>	<b>Farm # :</b>
<b>Application Date:</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
Cover Crop	Not to exceed a total of 5 acres	50% cost-share rate, Max. cost \$60.00 per acre Max. Reimb. \$30.00 per acre	_____ acres	

### Program Eligibility

#### A. Definition

Cost share incentive to assist with the purchase of seed/labor to establish cover crop.

#### B. Purpose

1. Reduce erosion from wind and water. Reduce particulate emissions into the atmosphere. Minimize and reduce soil compaction.
2. Increase soil organic matter content. Increase biodiversity and enhance habitat for pollinators
3. Capture and recycle or redistribute nutrients in the soil profile.
4. Promote biological nitrogen fixation. Enhance weed suppression and soil moisture management.
5. Provide supplemental forage.

#### C. Policies for Practice

1. Applicant must be a District Cooperator.
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.
8. Invoices must be submitted by **December 7, 2020**.

#### D. Payment rates & limits:

1. The maximum cost-share for this practice shall be at a 50% rate up to \$30.00 per acre maximum.
2. Maximum of 5 acres per farm.
3. The payment will be made after paid invoices are received, cooperator completes a W-9 form and a district representative has made a site visit.
4. No duplication of federal or state cost-share shall be allowed.

#### Practice Specifications

Please refer to job sheets 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: \_\_\_\_\_ 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>Transaction #:</b>	