

## Pasture Weed Management Program Pilot Project Application

Applicant's Name:			
Address:			
Phone Number:		E-Mail:	
USDA FSA Farm #:		USDA FSA Tract #:	
Conservation District:		County:	
Are you currently a District Cooperator?			
Have you participated in conservation programs in the past? If so, what programs?			
When is the best time to contact you?			
General Location of the Farm			
Directions to the Farm			

<b>1. To be eligible for this program, you must be able to truthfully answer <u>YES</u> to all the following questions:</b>	
<b>2. Is one of the target species present and accounting for at least a 25% infestation of undesirable species?</b> Target Species Include: <i>Autumn Olive, Multiflora Rose, Tartarian Honeysuckle, Japanese Barberry, aggressive Rubus sp., Herbaceous Hemlock sp., Jointhead Grass, Japanese Stiltgrass, buckbrush, Tree of Heaven, Canada Thistle, Dogbane, Perennial Aster, Perilla Mint, Buttercup, Horsenettle, Polygonum sp., Bedstraw, Biannual Thistle, and Cockleburr.</i>	
<b>3. Does 50% of the area applying for the program have soil sample results that reflect a medium level of P and K, and a 6 pH?</b> (Soil sample results must be attached at the time of application and not be more than 2 years old.)	
<b>4. Does your farm currently utilize interior fences and a watering system to limit/manage grazing?</b> This includes water troughs, pipelines, and paddocks for grazing.	
<b>5. Are you willing to follow a strict practice schedule for implementing this program?</b>	
<b>6. Are you willing to commit to operating an intensive rotational grazing system?</b>	
<b>7. If herbicide application is determined necessary by the planner, will you follow the recommendations provided by WVU Extension Service in accordance with the U.S. EPA-approved label for the product and be willing to obtain a private pesticide applicator's license if you do not already have one?</b>	
<b>8. If mechanical control is recommended, do you have access to equipment such as mowers, brush cutters, etc. to accomplish this task?</b>	
<b>9. If biological or cultural controls are recommended, will you be willing to make changes to your farming operation to accommodate these methods?</b>	
<b>10. Are you willing to host field days, workshops, or other outreach events on your farm, and/or speak about your experience participating with this program to groups?</b>	
<b>11. Are you willing to keep records of your weed management activities associated with this program and turn them in to the Conservation District on a quarterly basis?</b>	
<b>12. Are you willing to allow the West Virginia Conservation Agency, the West Virginia University Cooperative Extension Service, the governing Conservation District, and their partners access to your farm to monitor progress, determine compliance, and conduct research?</b>	
<b>13. Are you willing to make a 5-year commitment to this program?</b>	
<b>14. Are you willing to purchase and pay 100% of the cost of materials and hired labor up front and wait to be reimbursed on a quarterly basis?</b> Management records and invoices will be required for reimbursement.	
<b>15. Do you understand that if you are selected to participate in this program and are found to be out of compliance with the contract and/or management plan, you may be asked to pay back all funds distributed to you over the life of the contract?</b>	
<b>16. Is the field(s) that you intend to treat under this program fenced and used as pasture?</b>	

**Required Attachments:**

- Soil sample test results for all grazing areas
- USDA Farm Service Agency farm and tract maps
- Lease or rental agreement, if applicable

Applicant Signature		Date of Application	
---------------------	--	---------------------	--