FY22 Agricultural Enhancement Program
Urban Agriculture Application

Applicant Information	Farm Information
Name:	**Conservation District:** Elk
Mailing Address:	**County:**
	Farm Name:
Telephone:	**Farm #:**
Email Address:	**Tract #:**
Application Date:	**Field # or #'s:**

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
Urban Agriculture	$300.00 per co-operator *Cooperator Caps	50%	○ Tumbler Compost Bins ○ Straw Mulch - (1 bale) ○ Raised Beds ○ Rain Barrel ○ Soil	

Program Eligibility

A. Definition: All Best Management Practices (BMP) are intended to address soil erosion and other related problems. Manufactured kits or ECD board approved spec sheets are required.

B. Purpose: Aid urban landowners that are interested in agricultural practices. Rural landowners will not be excluded, providing soil and watershed protection by storm water management and soil erosion reduction, and encourage locally grown foods.

C. Policies for Practice

1. Applicant must be a District Cooperator.
2. Cost share is available to owner or lessee.
3. Applicant must provide map identifying tract and field along with proposed acreage.
4. *Program is limited to 2 (two) practices per cooperator plus 1 (one) lime program.
5. Application approvals will be made based upon availability of funds and based on the ranking form.
6. After approval applicant must follow any job sheets that are provided at the time of signing the contract.
7. **Invoices must be submitted June 15, 2022**

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be at a **50%** rate up to **$300** maximum.
2. Maximum of **$300** per household per year.
3. The payment will be made after paid invoices are received, cooperator completes a W-9 form and completion of site visit.
4. No duplication of federal or state cost-share shall be allowed.
5. Elk Conservation District does not reimburse sales tax amount.
6. Maximum payout per cooperator per year is $5,000.00 for all practices combined.

E. Practice Specifications

1. 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:	
Date Received:	
Time Received:	
Ranking Score:	
If Approved:	
BD Date Approved:	
Contract Expiration Date:	
Application #:	
Transaction #:	