

Potomac Valley Conservation District Agricultural Enhancement Program Invasive Species Management Application

Sign up period: June 28, 2021 through July 30, 2021

Applicant Information	Farm Information
Name:	Conservation District:
Mailing Address:	County :
Telephone:	Farm Name:
Email Address:	Farm # :
Application Date:	Tract # :
	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	Species applied for
Invasive Species Management	Max Payment of <u>\$500.00</u>	<u>50%</u> cost-share on commercial application and chemicals. <u>75%</u> cost share on self – application: (50% on chemicals / 25% of chemical bill in labor)	

Program Eligibility

A. Definition

1. Management of invasive species on pasture and hay land using spray application

B. Purpose

1. Provide incentive for the control of invasive species/noxious weeds on pasture and hay land

C. Policies for Practice

1. Applicant must be a District Cooperator.
2. Signup period is **June 28, 2021 through July 30, 2021.**
3. A W-9 tax form will be required with application for District tax purposes.
4. Cost share is available to owner or lessee.
5. Applicant must provide map identifying tract and field along with proposed acreage.
6. NRCS standards and specs must be followed.
7. Approvals will be final on **First Wednesday September.**
8. Application approvals will be made based upon availability of funds and based on the ranking form.
9. After approval applicant must follow job sheets provided at the time of signing the contract.
10. Invoices must be submitted by **May 27, 2022.**
11. All Producers are to submit individual invoices for labor.
12. No combined labor invoices allowed.

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be \$500.00.
2. Cost Share rates for commercially applied chemical shall be 50%. (*Applicator must have commercial applicators license*)
3. Cost Share rate for producers that self-apply shall be 75%. (*50% on chemicals and 25% of chemical bill in labor*)
4. 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.
5. No duplication of federal or state cost-share shall be allowed.

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

Farm Name (if applicable): _____

Applicants Signature: _____ **Date:** _____

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