



West Virginia
Conservation Agency

Agricultural Enhancement Program Application Exigency Program Water Hauling Tank

Applicant Information
Name:
Mailing Address:
Telephone:
Email Address:
Application Date:

Farm Information
Conservation District: Tygarts Valley Conservation District
County :
Farm Name:
Farm #/Tract #:

Best Management Practice				
Practice	Limits	Cost-Share Rate	Type of Livestock on Farm	Number of Livestock
Water Hauling Tank and associated fittings	Tank(s) and associated fittings are for Agricultural Use Only	50% cost share up to a maximum reimbursement of \$400		

Program Eligibility

Is this practice approved for financial assistance through another program? Yes No (If yes, not eligible)

A. Policies for Practice

1. Applicant must be a District Cooperator.
2. By participating in this program, the cooperator agrees to contact the Conservation District for conservation planning assistance.
3. A W-9 tax form will be required with application.
4. Cost share is available to land owner or lessee.
5. Applicant must provide map identifying farm.
6. Tank(s) must be used to haul livestock water and cannot be used to haul water for human consumption.
7. Application must be submitted by Wednesday, September 15, 2021 at 4:00 PM.
8. Application approvals will be made by the Conservation District based upon availability of funds.
9. Invoices must be submitted by Friday, October 15, 2021 at 4:00 PM.
10. The lifespan for the practice is 5 years.

B. Payment rates & limits:

1. The cost-share rate for this practice shall be 50% up to a maximum reimbursement of \$400 per cooperator for water hauling tank(s) and associated fittings.
2. To receive payment, applications must be approved by the Conservation District Board. Retroactive payments are permitted if tanks(s) and associated fittings are purchased between August 1, 2021 – October 15, 2021.
3. Payment approval will be authorized by Conservation District Board based on availability of funds. Cooperator must submit paid invoices, complete a W-9 form and contact Conservation District to verify practice implementation prior to receiving payment.
4. 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): _____

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY:	
Date Received:	
Time Received:	
Ranking Score:	
If Approved:	
CD Board Approval Date	
Contract Expiration Date:	
Application #:	
Transaction #:	