



West Virginia  
Conservation Agency

## Agricultural Enhancement Program Application Exigency Program Water Hauling Tank

Sign up period: July 22, 2024—while drought conditions remain and funds are available

Applicant Information		Farm Information		
Name:		Conservation District:		
Mailing Address:		County:		
Telephone:		Farm Name:		
Email Address:		Farm #/Tract #:		
Application Date:				

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 \$500		

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 approvals will be made by the Conservation District based upon availability of funds.
8. Invoices must be submitted by 4:00 pm on September 16, 2024.
9. 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 \$500 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 July 22 – September 16, 2024.
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 #:	