



# Guyan Conservation District Agricultural Enhancement Program Heavy Use Area Protection Application

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

Farm Information
Conservation District:
County :
Farm Name:
Farm # :
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	Amount applied for	Other
Heavy Use Area Protection	Not to exceed: 1000 Square feet	Flat Rate: .87/Square Foot Not to exceed \$870.00	_____ Square feet (approximate)	

### Program Eligibility

**A. Definition**

Cost share incentive to assist with the materials and labor associated with managing erosion and compaction around heavy use areas where livestock congregate.

**B. Purpose**

Improve soil and water quality by reducing excessive runoff of sediment.

**C. Policies for Practice**

1. Applicant must be a District Cooperator.
2. A W-9 tax form will be required with application for District tax purposes.
3. Cost share is available to owner or lessee.
4. Applicant must provide map identifying tract and field along with proposed acreage.
5. NRCS standards and specs must be followed.
6. Approvals will be final on \_\_\_\_\_.
7. Application approvals will be made based upon availability of funds and based on the ranking form.
8. After approval applicant must follow job sheets provided at the time of signing the contract.
9. Receipts must be submitted with invoice.
10. Invoices must be submitted by \_\_\_\_\_.

**D. Payment rates & limits:**

1. The maximum cost-share for this practice shall be \$870 per cooperator.
2. 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.
3. No duplication of federal or state cost-share shall be allowed.

**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 #:	
Verification #:	