



Guyana Conservation District Agricultural Enhancement Program Nutrient Management Application

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

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
<u>Nutrient Management</u>	Not to exceed: 50 acres	75% the cost of the product Not to exceed \$100.00/acre	_____ acres	

Program Eligibility

A. Definition

Cost share incentive to Provide incentive for the maintenance of grassland.

B. Purpose

To improve soil structure, better soil tilth, reduce erosion, and increase the production of grassland.

C. Policies for Practice

1. Applicant must be a District Cooperator.
2. Financial assistance is authorized for applying necessary nutrients for the maintenance of pasture & hayland, permanent grasses, and legumes.
3. Current soil test must come from a certified laboratory. The WVU laboratory is preferred.
4. A soil test is considered "current" if it is less than (1) year of the date the practice is requested.
5. pH must be 6 or greater
6. Care must be given to protect water quality during and after application.
7. After (3) three years the initial acreage is eligible for re-application.
8. A W-9 tax form will be required with application for District tax purposes.
9. Cost share is available to owner or lessee.
10. Applicant must provide map identifying tract and field along with proposed acreage.
11. NRCS standards and specs must be followed.
12. Methods of seeding stands may be established either by conventional or no till.
13. Approvals will be final on _____.
14. Application approvals will be made based upon availability of funds and based on the ranking form.
15. After approval applicant must follow job sheets provided at the time of signing the contract.
16. Invoices must be submitted by _____.

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be up to \$5000.00 per cooperator on **pasture** or **meadow** only. No labor expenses will be considered for cost share on this practice.
2. Maximum of **50** acres per applicant.
3. 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.
4. No duplication of federal or state cost-share shall be allowed.

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

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:** _____