



Guyan Conservation District Agricultural Enhancement Program Pollinator Application

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	Amount applied for	Other
Pollinator	Not to exceed a total of: 1 Acre	\$ 445.00 flat rate Not to exceed 1 acre	_____ acre	

Program Eligibility

A. Definition

To offer cost share incentive for the establishment of pollinator habitat by cost share

B. Purpose

To enhance and or create pollinator habitat in Guyan Conservation District.

C. Policies for Practice

1. Applicant must be a District Cooperator.
2. Current soil test must come from a certified laboratory. The WVU laboratory is preferred.
3. A soil test is considered current if it is less than (3) three years of the date the practice is requested.
4. Soil test pH must be greater than or equal to 5.8 to be eligible.
5. A W-9 tax form will be required with application for District tax purposes.
6. Cost share is available to owner or lessee.
7. Applicant must provide map identifying tract and field along with proposed acreage.
8. NRCS standards and specs must be followed.
9. Methods of seeding stands may be established either by conventional or no till.
10. Approvals will be final on _____.
11. Application approvals will be made based upon availability of funds and based on the ranking form.
12. Landowner must follow recommended steps of plan provided by the Guyan Conservation District.
13. After approval applicant must follow job sheets provided at the time of signing the contract.
14. Invoices must be submitted by _____.

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be up to \$445.00 per cooperator.
2. Maximum of 1 acre per applicant.
3. The payment will be made after paid invoices are received, cooperator completes a W-9 form and the AgEP committee has made a site visit.
4. 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 #:	