

# Clinch Valley Soil and Water Conservation District

## **Lime Assistance Program – PY2024**

### Overview

The purpose of this program is to provide assistance in purchasing and spreading lime on pasture and hay land in Russell County, VA. Crop land and lawn landscaping are not eligible for this program. The cost share rate is 50% of the total cost not to exceed \$500.00 per applicant. Only one applicant per farming operation may apply. **Lime products must be conventional lime sources derived from limestone (For example: Liquid Calcium Chloride is not a liming material).**

### Guidelines to be Eligible for Assistance:

1. Farm must be located in Russell County.
2. Applications may be submitted from July 1<sup>st</sup> 2023 – June 15<sup>th</sup> 2024. Applications will not be accepted outside of the application period.
3. Applicants must submit soil test results for the fields associated with the application. Soil test results must be from the last 12 months, or since the last lime application, which ever is more recent. Clinch Valley SWCD **will not** submit the collected samples, but can assist in sampling, form completion and the packaging of samples if requested.
  - a. **Soil test results must show a recommended need for lime. Soil test results that do not show a recommended need for lime will not be approved or funded.**
4. Applicants must submit an aerial map of the field or fields where the lime will be applied, and general directions to the approximate area. SWCD staff can assist if requested.
5. Applicants must submit the original copies of all receipts to receive cost share funds. This includes the cost for a third party to spread the lime.
6. Applicants must answer all questions at the bottom of this page.
7. Allocation of funds will be distributed in the order of received completed applications which must include soil test results and an aerial map.
8. Receipts for lime application must be turned in by June 15<sup>th</sup>, 2024.

Have you participated in cost share programs through Clinch Valley SWCD in the past 10 years? **(Yes / No)** If yes, In what calendar year \_\_\_\_\_

Name \_\_\_\_\_ Name of Operation \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Mailing address \_\_\_\_\_

**I have read and understand the program overview and guidelines. I understand I must follow the guidelines to be eligible for cost share funds. I understand that any falsified information submitted to the district will result in disqualification or repayment of issued cost share funds.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **For office use only**

Date complete application received (Application, Soil Sample Results, and Site Map)

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