Virginia Conservation Assistance Program (VCAP)

Contract Number:_____

CONTRACT

VCAP Form – 1

Part A. Application

I, _____ (PRINT) hereby make application to_____Soil & Water Conservation District for cost-share assistance to purchase and install a best management practice as described in part B below.

I /We agree that all best management practice(s) approved will be installed, operated, and maintained in accordance with the practice(s) standard(s) and the Landowner Agreement (VCAP Form – 3). I/We agree not to use the BMP for purposes of Nutrient Trading or regulatory compliance. I/We shall indemnify and save the District harmless from any and all claims for damages to persons or property arising from the installation, maintenance, repair, operation or use of the BMP(s).

I/We understand that it is my/our responsibility to pay in full all bills for work completed under this agreement prior to submission of eligible bills for reimbursement.

Mailing Address:	Phone:
	Email:
Participant Signature:	Circle one: Landowner or Manager
SSN / Tax ID:	Submit Design Plan:

The local Soil and Water Conservation District (SWCD) is required to issue a 1099-form to the Internal Revenue Service (IRS) for any individual to whom it issues a check for over $600.00. Because the IRS uses the Social Security number or Federal Tax ID number as an unique identifier, the SWCD must collect that information from any individual to whom it issues a check. The SWCD does not use the Social Security number or Federal Tax ID number for any purpose other than that stated above.

Part B. Technical Determination and District Approval **(To be completed by District Staff)**

Practice Title	Quantity	Total Estimated Cost	Approved Estimated Cost-Share	Required Completion

I have reviewed this application and all supporting documentation, and have indicated the quantity authorized based on technical need. This practice must be installed and certified by the completion date.

X_____

District Employee Signature Date

Application Approval: X_____

District Director Signature Date

Carryover of this practice is granted to be completed by date: _____ x_____

District Director Signature Date

Part C. Practice Verification and Payment **(To be completed by District Staff)**

I verify that the above practice was installed according to the practice standards and specifications.

X_____

District / Technical Representative Date

Payment Amount _____ Date of Payment _____Check Number _____

District Soil and Water Conservation programs, activities and employment opportunities are available to all people regardless of race, color, religion, gender, age, national origin or political affiliation.