



Virginia Conservation Assistance Program

Presented by Virginia Association of Soil & Water Conservation Districts

Application Number _____

APPLICATION

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 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 agree not to use the BMP for purposes of Nutrient Trading or regulatory compliance. I 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 understand that it is my responsibility to pay in full all bills for work completed under this agreement prior to submission of eligible bills for reimbursement.

I understand that VCAP cost-share funds may be combined with other grant or cost-share resources, but may not exceed one hundred percent (100%) of total costs for the practice.

Mailing Address:	Phone:
Address of Practice (if different from mailing address):	Email:
Applicant Signature:	Are you receiving any other funding assistance for this project? Yes or No
SSN / Tax ID (Attach IRS Form W-9):	

The local Soil and Water Conservation District (SWCD) is required to issue a 1099-MISC to the Internal Revenue Service (IRS) for any individual to whom it issues a check for \$600.00 or greater. Because the IRS uses the Social Security number or Federal Tax ID number as a 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 Code & Title	Practice Size (sq. ft, lin. ft., gal)	Total Estimated Cost	Approved Estimated Cost-Share	Required Completion Date

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

Approval to Forward Application:

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 _____

If completed project differs from the original design approved by the Steering Committee, explain on Job Sheet.

Payment Amount _____

To be completed once payment is issued to participant and kept in District files:

Date of Payment _____

Check Number _____

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