Form DCR 199-071 (4/19)



VIRGINIA BMP INCENTIVES PROGRAMS CONTRACT

Virginia Department of Conservation & Recreation	(Part I – Applica	tion for Program)		
Application/Contract Number:		Application Date:	Application Date:	
First Name: Middle Initial: Last Name:			Program Year:	
Farm Name:				
Address:		City/County:		
State:	Zip code:	S.S. Number or Tax ID	:	
Telephone Number: (H)	(W) (M)			
Email Address:				
APPLICANT' S REQUEST:				
he practice(s). I understand that the sal hat my period of responsibility begins with the program requirements. Lifespan is defined a January 1 of the calendar year follow roluntary participation in one or more of ordinances, laws and regulations that madees not guarantee that any or all of my applicant Self-Certification of Eligibil For the purposes of the Virginia Agricultural management and engaged in the contiguous acres and have verifial products produced on the applicant's agricultural management and engaged in the contiguous acres and have verifial products produced on the applicants products may request that applicants products agricultural products being profit, 1,000 requirement). Any financial recording the products of the produc	le, lease, or changed use of the property with the acceptance of payment and/or tax cled as "The number of years a BMP must be ing the year of certification of completion." the state agricultural incentive programs dray exist at any level of government. I underequest will be funded. ity: ural BMP Cost-Share Program agricultural in the production of agricultural, horticulturally be gross receipts in excess of \$1,000 per ricultural land for each of the past five year exide proof of agricultural production. To be adduced, sold or both from the applicant's agricultural to verify eligibilialifications to participate in the Virginia Agricultical and for each of the Virginia Agricultural productions to participate in the Virginia Agricultural and for each of the verify eligibilialifications to participate in the Virginia Agricultural and for each of the verify eligibilialifications to participate in the Virginia Agricultural and for each of the verify eligibilialifications to participate in the Virginia Agricultural production.	ractice(s) is/are removed or not properly mair actice(s) is/are removed or not properly mair ill not exempt me from fulfilling this/these request and extends through the lifespan of the permaintained in accordance with program stands. A BMP is subject to spot check throughout the permaintained in accordance with program stands and my farm the permaintained in and my farm the permaintained in and my farm the products for market. The real estands are from the production or sale of agricultures. The considered an agricultural producer there my gricultural land (non-industrial private forest lability will not be duplicated or retained by the Expreciation of the production	uirement(s). I also understand practice in accordance with andards. The lifespan begins he practice lifespan. The operation from compliance with above listed program(s) a BONA FIDE program of the must consist of a minimum ral, horticultural or forest sust be an annual minimum of ands are exempt from the District.	
		icant per program year (July 1 thru June 30)		
nternal Revenue Service.	5 5. 1.1055 Tarras dro Tosportololo for complik	and an application an requirements into	as a second seco	
	WCDs) share information concerning VAC sure the program applicant cap is not excee	S/VNRCF funding limits and cost share fund dedd.	ing that approved participants	
] Yes [] No Have you received or w	ill you receive cost share funding from ano	ther SWCD during the current program year?	If yes, which one(s)?	
	gram funds that exceed established limits wore, I understand the limits of the tax credit	hether funds I receive are issued by a single I am eligible to receive.	SWCD or multiple SWCDs	
agricultural producers a tax credit equal vear. The amount of such credit shall no	to 25% of the first \$70,000 expended for al	ultural Tax Credit Program (§§ 58.1-339.3 an I eligible agricultural best management pract tified tax credit exceeds the taxpayer's liabilit I by the Tax Commissioner.	ces completed in any single ta	
Signature of Applicant		Date		

COMMONWEALTH OF VIRGINIA
Department of Conservation and Recreation, Division of Soil and Water Conservation, activities and employment opportunities are available to all people regardless of race, color, religion, sex, age, national origin or political affiliation. An equal opportunity/affirmative action employer.

(Original to be retained by the SWCD, Copy with Signature provided to the applicant)

Date Stamp_