



# 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.

<b>Mailing Address:</b>	<b>Phone:</b>
<b>Address of Practice</b> (if different from mailing address):	<b>Email:</b>
<b>Applicant Signature:</b>	<b>Are you receiving any other funding assistance for this project?</b> Yes or No
<b>SSN / Tax ID</b> (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.