The form which follows is a sample only. To obtain an official copy of this multipart form, please contact the Division of Soil and Water Conservation at:

600 E. Main St., 24th Floor
Richmond, Virginia  23219
(804) 786-2064
VIRGINIA AGRICULTURAL BMP COST-SHARE & TAX CREDIT REQUEST FORM

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (pl. 93-86). Penally for presenting fraudulent claim: Fine of not more than $10,000 or imprisonment of not more than five years or both (18 USC 287).

1. **Name & Address**

   Program Year
   Phone#

   S. S. # or Tax ID #
   County

2. **APPLICANT'S REQUEST**

   - I request funding under the State Agricultural Cost-Share, Tax Credit and/or CREP for the listed practices. I agree to install and maintain these practices according to state specifications. I also agree to allow appropriate agency personnel access to land under my control for the purpose of evaluation, design, construction and inspection of said practices for its lifespan.
   - Have you applied for additional cost-sharing for the same practices on the same acreage from another source? [ ] yes [ ] no
   - Have you received or will you receive cost-sharing from another SWCD during the current program year? [ ] yes [ ] no

3. **STATEMENT OF TECHNICAL NEED**

   - I have reviewed this application and have indicated the extent authorized based on technical need.

4. **AUTHORIZATION**

   - Your request form has been: [ ] Approved to the extent shown in section 5
   - [ ] Not approved

   **Expiration Notice**
   This practice must be installed and certified at the issuing SWCD by the above date.

   **District Authorization by Date**
   (SWCD Director)
   [ ] Carryover granted to date
   SWCD Director
   Date

5. **PARTICIPANT PRACTICE INSTALLATION CERTIFICATION**

   - I certify that the information (column X) is true and correct. I have installed and agree to maintain this practice for the lifespan in accordance with state specifications. I agree to refund all or part of the cost-share assistance or tax credit if my practice is found not to meet state specifications or if the practice is removed or not properly maintained during the life of the practice. I understand that the sale, lease or changed use of the property will not exempt me from this requirement.

   **Comments**

6. **TECHNICIAN PRACTICE INSTALLATION CERTIFICATION**

   - I certify that this practice has been installed according to state specifications.

   **Comments**

7. **District Payment Approval**

   - Name
   - Date

   **Comments**

8. **District Payment Approval**

   - Pmt. Amt
   - Pmt Date
   - Check #

(DCR 199-012) (12/00) (This form will replace form DCR 199-071(4/99)