



GRANT SOURCE NFW/VEE

ID # SWCD-PY12-000

**Culpeper Soil and Water Conservation District
Virginia Conservation Assistance Program**

APPLICATION

VCAP-1

A. I, RappFLOW and Town of Washington , hereby make application to Culpeper Soil and Water Conservation District for cost-share assistance to purchase and install a best management practice as described in part B below.

The said cost-share is to be computed as % of the total estimated practice cost, or actual total, which ever is the lesser. I / we agree that all best management practice(s) approved will be installed, operated, and maintained in accordance with practice Standards and Operation and Maintenance Plans. 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.

<u> X </u>		<u>Location of Practice: Town of Washington, Avon Hall, Warren Avenue</u>
Applicant Signature	Date	
Address		_911
Mailing Address		
		<u>GPS and/or Directions</u>
City	State	Zip
SSN	/	Tax ID

Practice Title	Quantity or Unit sq ft	Estimated Cost	Approved Estimated Cost Share	Actual Cost-Share	Required Completion Date
Turf to Natives	45650	8308			December 2014

Circle one: Landowner / Manager / Other

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.

B. Best Management practice(s) needed to improve or maintain water quality:

Application of practice(s) in section B will reduce off-site sedimentation, or reduce nutrient, pesticide or pathogen loads to receiving waters.

Date

_____ District / Technical Representative

_____ Date approved

_____ District Director

C. Best Management Practice installation verification: I verify that the above practice was installed according to the practice standards and specifications.

_____ Date

_____ District / Technical Representative