Date of Application: _____

APPLICATION AND AGREEMENT FOR COST-SHARE ASSISTANCE between the

_____ County Soil Conservation District (SCD) and

_____	_____
Name of Cooperator (please print)	Daytime Phone
_____	_____
Mailing Address	Email Address
_____	_____
City, State, Zip Code	Farm and Tract Number of Project Location

Terms of Agreement

1. The Tennessee Department of Agriculture (TDA) provides funds through the Agricultural Resources Conservation Fund (ARCF) (TCA 67-4-409(l)) to grantees for cost-sharing with cooperators on a reimbursement basis to establish Best Management Practices (BMPs), consistent with ARCF Guidelines for the control of soil erosion and improve water quality associated with agricultural operations.

2. The Maximum Cost-Share Amount offered by the SCD through this Agreement is indicated in Item 8 below. There is no guarantee of additional cost-share assistance to cover unforeseen conditions which may arise and are not accounted for in the BMP cost estimate.

3. Upon completion, approved BMPs will be reimbursed at 75% of the actual cost of establishing the BMP, or the Maximum Cost Share Amount, whichever is less. BMPs installed in 303(d) watersheds may be reimbursed at 85% of the actual cost of establishing the BMP or the Maximum Cost Share Amount, whichever is less. In all watersheds, however if there is cost-share from another source the total amount of all cost-share shall not exceed 90% of the actual establishment cost. The SCD Board may elect to cost-share at a lesser percentage, or to use another payment system such as flat rate. All cost share payments will adhere to ARCF Guidelines.

4. Approval of BMP(s) to be cost-shared will be based on a United States Department of Agriculture-Natural Resources Conservation Service (NRCS) Conservation Plan and this Agreement. I agree to maintain each BMP for its normal life expectancy as set forth in the NRCS Field Office Technical Guide, as indicated below. If I sell the land or if the land should pass to my heirs before the end of the normal life expectancy of the BMP(s), I agree that the maintenance of the BMP(s) will be made a condition of the sale or transfer by securing the agreement of the new owners to the terms of this Agreement, or in the alternative I agree that I or my estate shall reimburse the SCD a pro-rated amount for the shortened life of the practice.

5. If I accept cost-share assistance from the SCD, I agree that neither the SCD nor I will be liable for any damage to the other's property or personal injury resulting from the implementation of the BMPs listed below.

6. I agree that the Commissioner of TDA or his designee, the NRCS State Conservationist or his designee, or the SCD Supervisors or their employees may periodically enter my property for the purpose of determining compliance with this Agreement.

7. Based on the above, I hereby request prior approval of cost-share for the following BMP(s):

BMP Name	**Quantity/ Dimension***	**Location/ Field No.**	**Life Expectancy (years)**	Cooperator's Initials
_____	_____	_____	_____	_____

**Please list the number of each type of BMP to be installed and the estimated length or area covered by the practice, as applicable.*

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Total Estimated Cost:	**Maximum Cost-Share Amount:**	Cooperator's Initials
$ _____	**$** _____	_____

I hereby agree to the Terms of Agreement listed above. Under penalty of perjury, I hereby affirm that I am either: ____ a United States citizen; or ____ a qualified alien as defined by 8 U.S.C. § 164(b). Persons claiming qualified alien status must present two (2) forms of documentation of identity and immigration status acceptable by the U. S. Department of Homeland Security. Any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in this application may be liable under the False Claims Act, T. C. A. Title 18; or, any other applicable civil or criminal law or regulation.

Title VI Cooperator Self Identification: Please check as applicable: ___ Black, ___ Hispanic, ___ Asian, ___ Other

_____		_____
Signature of Cooperator	Date	Cooperator Tax ID Number

Approval is recommended of this application for cost-share assistance.

_____	_____
For TDA-Land and Water Stewardship	For NRCS

The Board of Supervisors of the _____ County SCD hereby approves this cost-share request.

_____, Chairman Date Approved: _____