TN Department of Agriculture

**State Fiscal Year:** _____

**Applicant Name:** _____

**TENNESSEE DEPARTMENT OF AGRICULTURE**
**AGRICULTURAL RESOURCES CONSERVATION FUND**
**APPLICATION FOR AGRICULTURAL BEST MANAGEMENT PRACTICES (Ag BMPs)**
**BY WATERSHED IN ORDER OF PRIORITY**

Ag BMP Balance at Time of Application: $_____

Percent of Ag BMP Balance Currently Obligated to Cooperators: _____%

Number of Practices on Waiting List: _____ Total Cost Estimate of Waiting List: $_____

| Watershed Name, 12-Digit HUC, or Waterbody ID from TDEC's current "List of Impaired and Threatened Waters" | Ag BMPs Proposed (List Practice Name and Number) | TDA Rx Rate Payment Estimate |
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Applicant Signature Date **Total Ag BMP Request**