



Applicant Name: \_\_\_\_\_ Fiscal Year \_\_\_\_\_

**TENNESSEE DEPARTMENT OF AGRICULTURE  
AGRICULTURAL RESOURCES CONSERVATION FUND**

**APPLICATION FOR TECHNICAL ASSISTANCE**

Please indicate below if your organization is requesting Technical Assistance.  
Final allocation for Technical Assistance will be determined later.

Contribution Agreement (County, NRCS and TDA)		Ten Percent (10%) Set Aside	
New Agreement		New Request	
Renewal of Existing Agreement		Renewal of Existing Agreement	
Amount Requested			
Employee Name: (if known)		Employee Name: (if known)	
Employee Years of Service		Employee Years of Service	
Employee Contact Information:	Phone: _____ Email: _____	Employee Contact Information:	Phone: _____ Email: _____
Certifications Earned: (please check)	<input type="checkbox"/> Conservation Planning <input type="checkbox"/> Engineering Job Approval <input type="checkbox"/> Other, _____	Certifications Earned: (please check)	<input type="checkbox"/> Conservation Planning <input type="checkbox"/> Engineering Job Approval <input type="checkbox"/> Other, _____
Primary Employer	<input type="checkbox"/> County Government <input type="checkbox"/> SCD <input type="checkbox"/> Other, _____	Primary Employer	<input type="checkbox"/> County Government <input type="checkbox"/> SCD <input type="checkbox"/> Other, _____
		Letter from Primary Employer re: Conflict of Interest Attached	

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date