



**PRACTICE COMPLETION NOTICE AND
REQUEST FOR COST-SHARE PAYMENT**

_____ County Soil Conservation District (SCD)

Notice is hereby given that I have established the BMP(s) which were described in my application to the District on:

_____ and were approved for cost-share by the SCD Board on _____ .
Date Date

Costs incurred in establishing these BMP(s) are listed below. I am submitting appropriate bills.

Total establishment cost for these BMP(s): \$ _____

I have completed all work and hereby request cost-share payment.

Cooperator's Social Security Number

Name of Cooperator (please print)

Signature of Cooperator

Date

I certify that these BMP(s) have been completed and inspected, and that they meet the guidelines, criteria and standards established by the Tennessee Department of Agriculture and the USDA Natural Resources Conservation Service.

For TDA-Land and Water Stewardship

For USDA-NRCS

The Board of Supervisors of the _____ County SCD

hereby approves cost-share payment of: \$ _____

_____, Chairman _____ Date

_____, Secretary-Treasurer _____ Date

Please enter below the amount of cost-share funds for these BMP(s) received from other sources. If none, enter zero.

TDA cost-share amount: \$ _____

Other cost-share amount: \$ _____

Total \$ _____