

**Use This Form for Agricultural Resources Conservation Fund (ARCF) Projects ONLY**

**Report of Completed Best Management Practices and Request for Incentive Payment Reimbursement**

Name of Grantee (i.e. Anderson SWCD)	Name of Cooperator	County Where Practice is Installed
Physical Address of BMP Location	Is Cooperator Also the Landowner? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Provide the Landowner's Name:		

Practice	NRCS Code	No. / Quantity	Unit of Measurement

<b><u>TDA INCENTIVE PAYMENT</u></b>	Acres Impacted by Project	12-Digit HUC Watershed Number
	Land Use (Pasture, Cropland)	12-Digit HUC Watershed Name

Latitude Coordinates of the BMP Location: _____ (decimal degrees)	Longitude Coordinates of the BMP Location: (negative #) _____ (decimal degrees)
--	--

<b>TDA USE ONLY</b>	
I certify that a complete <i>Application and Agreement for BMP Incentive Payments Form</i> is in the project folder, calculations pertaining to the above request have been reviewed and are correct, a field check of the completed practice(s) has been performed, and payment of the reimbursement is approved.	
TDA Watershed Coordinator _____ Date _____  Reviewed by TDA-EAC:  Initial _____ Date _____  Notes: _____  Title VI Cooperator Self-Identification (Optional): <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	Contract # _____  P.O.# _____  RECEIPT # _____  VOUCHER # _____  EDISON ENTRY DATE: _____