

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

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

Grantee Name (SCD, RC&D, etc.)	Name of Cooperator	County
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

<u>Total Project Cost</u>	<u>TDA Incentive Payment</u>	<u>Funding – Other Sources</u>		<u>Cooperator Contribution</u>
		<u>Federal</u>	<u>Non-federal</u>	

<u>Agreement Estimate</u>	Acres Impacted by Project	12-Digit HUC Watershed Number
	Land Use (Pasture, Cropland)	12-Digit HUC Watershed Name

Name of Stream Where the BMP Site Drains (i.e. Receiving Stream)	Is Receiving Stream 303(d) Listed? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is Waterbody 303(d) Listed? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No

Latitude Coordinates of the BMP Location: _____ (decimal degrees)	Longitude Coordinates of the BMP Location: (negative #) _____ (decimal degrees)
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TDA USE ONLY

I certify that a complete Application and Agreement for BMP Incentive Payments Form 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	Contract # _____ P.O.# _____ RECEIPT # _____ VOUCHER # _____ EDISON ENTRY 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		