

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 (i.e. SWCD)	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 the Receiving Stream Impaired? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the Waterbody Impaired? (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		