TN Department of Agriculture

Date of Application: _____

APPLICATION AND AGREEMENT FOR ARCF INCENTIVE PAYMENTS between the

_____ County Soil Conservation District (SCD) and

Name of Cooperator (please print)	Daytime Phone
Mailing Address	Email Address
City, State, Zip Code	Farm and Tract Number of Project Location

Terms of Agreement

1. The Tennessee Department of Agriculture (TDA) provides funds through the Agricultural Resources Conservation Fund (ARCF) (TCA 67-4-409(l)) subject to ARCF Guidelines available at: https://www.tn.gov/content/dam/tn/agriculture/documents/landwaterstewardship/Final%20ARCF%20Guidance.pdf

2. The Estimated Incentive Payment Amount offered by the SCD through this Agreement is indicated in Item 8 below. There is no guarantee of additional financial assistance for unforeseen conditions which may arise/are not accounted for in the cost estimate.

3. Upon completion, BMPs installed on sites that drain into a waterbody impaired by agriculture as listed on the most recent *List of Impaired and Threatened Waters in Tennessee* or TDEC's Online Assessment Tool (available at: https://tdeconline.tn.gov/dwr/), are eligible for an incentive payment of **up to** 85% of the actual cost of the practice; subject to specific practice limits and provisions included in the Guidance, or the NRCS Total Estimated Incentive, **whichever is less**. The incentive payment for BMPs in all other watersheds is **up to** 75% of the actual cost of the practice, subject to specific practice limits and provisions included in the Guidance, or the NRCS Total Estimated Incentive, **whichever is less**.

4. Approval of BMP(s) eligible for incentive payments will be based on a United States Department of Agriculture-Natural Resources Conservation Service (NRCS) Conservation Plan and this Agreement. In accordance with the ARCF Guidelines, the cooperator/landowner agrees to maintain each BMP for its normal life expectancy as set forth in the NRCS Field Office Technical Guide (indicated below). If the land is sold, or if the land should pass to heirs before the end of the normal life expectancy of the BMP(s), I/we agree that the maintenance of the BMP(s) will be made a condition of the sale or transfer by securing the agreement of the new owners to the terms of this Agreement, or in the alternative I/we agree to reimburse the SCD a pro-rated amount for the shortened life of the practice.

5. All parties to this agreement warrant to hold harmless all other parties for any damages arising directly or indirectly from implementation of the BMPs listed below.

6. I agree that the Commissioner of TDA or their designee, the NRCS State Conservationist or their designee, or the SCD Supervisors or their employees may periodically enter my property for the purpose of determining compliance with this Agreement.

7. Based on the above, I hereby request approval of incentive payments for the following BMP(s):

Attach additional pages, if needed, to detail all the requested BMPs.

BMP Name	Quantity/Dimension	NRCS Incentive Estimate	Life Expectancy (years)	Cooperator's Initials
				_____
				_____
				_____
				_____
				_____
				_____
				_____

8. Total Estimated Incentive _____ Cooperator's Initials _____

Reimbursement Rate:_____ *(i.e. 75% or 85%)* or Local SCD Limits: ☐ Flat Rate (%) _____ ; ☐ Cap ($) _____

I hereby agree to the Terms of Agreement listed above. Under penalty of perjury, I hereby affirm that I am either: ____a United States citizen; or____a qualified alien as defined by 8 U.S.C. § 164(b). Persons claiming qualified alien status must present two (2) forms of documentation of identity and immigration status acceptable by the U. S. Department of Homeland Security. Any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in this application may be liable under the False Claims Act, T. C. A. Title 18; or, any other applicable civil or criminal law or regulation.

Title VI Cooperator Self Identification (Optional): Please check as applicable: ☐ Black, ☐ Hispanic, ☐ Asian, ☐ Other

Signature of Cooperator	Date	Cooperator Tax ID Number
Signature of Landowner (if Different than Cooperator)	Date	

Approval is recommended of this application for ARCF Incentive Payment.

For TDA-Land and Water Stewardship	For NRCS

The Board of Supervisors of the _____County SCD hereby approves this cost-share request.

_____, Chair Date Approved: _____