



Tennessee Department of Agriculture

**Report of Completed Best Management Practices and
Request for Cost-Share Reimbursement**

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

Contractor Name (SCD, RC&D, etc.)		Name of Cooperator		County
BMP(s) Installed. List BMP Name, NRCS Code Number, and Units of each BMP-(acres, feet, # of units, etc.)				
Total Project Cost		Cost-Share Amount		Acres Impacted by Project
				12-Digit HUC Watershed Number
Name of Stream Closest to the BMP Site			Latitude Coordinates of the BMP Location:	
Stream on the 303(d) List? (circle one)			_____ . _____ (decimal degrees)	
Yes No				
State House District Number	State Senate District Number	Longitude Coordinates of the BMP Location: (Always a negative number)		
		_____ . _____ (decimal degrees)		

All documentation and calculations pertaining to the above request have been reviewed and payment of the reimbursement is approved.

_____ TDA Watershed Coordinator

_____ Date

Accepted:

_____ Date
_____ Initial