



APPLICATION AND AGREEMENT FOR COST-SHARE ASSISTANCE

between the

_____ County Soil Conservation District (SCD) and

Name of Cooperator (please print)

Date of Application

Mailing Address

City, State, Zip Code

Daytime Phone

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)) to grantees for cost-sharing with cooperators on a reimbursement basis to establish Best Management Practices (BMPs), consistent with ARCF Guidelines for the control of soil erosion and improvement of water quality associated with agricultural operations.

2. The Maximum Cost-Share Amount offered by the SCD through this Agreement is indicated in Item 8 below. There is no guarantee of additional cost-share assistance to cover unforeseen conditions which may arise and are not accounted for in the BMP cost estimate.

3. Upon completion, approved BMPs will be reimbursed at 75% of the actual cost of establishing the BMP, or the Maximum Cost Share Amount, whichever is less, except BMPs installed in 303(d) watersheds will be reimbursed at 85% of the actual cost of establishing the BMP or the Maximum Cost Share Amount, whichever is less. In all watersheds, however if there is cost-share from another source the total amount of all cost-share shall not exceed 90% of the actual establishment cost. The SCD Board may elect to cost-share at a lesser percentage, or to use another payment system such as flat rate. Fencing practices will be reimbursed the maximum cost-share amount, per the ARCF Guidelines.

4. Approval of BMP(s) to be cost-shared will be based on a United States Department of Agriculture-Natural Resources Conservation Service (NRCS) Conservation Plan and this Agreement. I agree to maintain each BMP for its normal life expectancy as set forth in the NRCS Field Office Technical Guide, as indicated below. If I sell the land or if the land should pass to my heirs before the end of the normal life expectancy of the BMP(s), I 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 agree that I or my estate shall reimburse the SCD a pro-rated amount for the shortened life of the practice.

5. If I accept cost-share assistance from the SCD, I agree that neither the SCD nor I will be liable for any damage to the other's property or personal injury resulting from the implementation of the BMPs listed below.

6. I agree that the Commissioner of TDA or his designee, the NRCS State Conservationist or his 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 prior approval of cost-share for the following BMP(s):

Table with 5 columns: BMP Name, Quantity/Dimension, Location Field No., Life Expectancy, Cooperator's Initials. Includes 4 rows for listing BMPs and a total cost line.

8. Total Estimated Cost: \$ _____ Maximum Cost-Share Amount: \$ _____

I hereby agree to the Terms of Agreement listed above.

Signature of Cooperator

Date

Cooperator Tax ID Number

Approval is recommended of this application for cost-share assistance.

For TDA-Water Resources

For NRCS

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

_____, Chairman

Date Approved: _____