



PRACTICE COMPLETION NOTICE AND REQUEST FOR COST-SHARE PAYMENT

_____ County Soil Conservation District (SCD)

Notice is hereby given that I have established the BMP(s) which were described in my application to the District on:

_____ and were approved for cost-share by the SCD Board on _____ .
Date Date

Costs incurred in establishing these BMP(s) are listed below. I am submitting appropriate bills.

Total establishment cost for these BMP(s): \$ _____

I have completed all work and hereby request cost-share payment.

_____ Cooperator's Social Security Number

_____ Name of Cooperator (please print)

_____ Signature of Cooperator

_____ Date

I certify that these BMP(s) have been completed and inspected, and that they meet the guidelines, criteria and standards established by the Tennessee Department of Agriculture and the USDA Natural Resources Conservation Service.

_____ For TDA-Water Resources

_____ For USDA-NRCS

The Board of Supervisors of the _____ County SCD

hereby approves cost-share payment of: \$ _____

_____, Chairman _____ Date

_____, Secretary-Treasurer _____ Date

Please enter below the amount of cost-share funds for these BMP(s) received from other sources. If none, enter zero.

TDA cost-share amount: \$ _____

Other cost-share amount: \$ _____

Total \$ _____