TN Department of Agriculture

# TENNESSEE DEPARTMENT OF AGRICULTURE
# AGRICULTURAL RESOURCES CONSERVATION FUND
# WORKSHEET FOR PAYMENT OF TECHNICAL ASSISTANCE THROUGH A CONTRIBUTION AGREEMENT

**GRANTEE:** _____ **STATE FISCAL YEAR:** _____

**NAME OF TECHNICIAN:** _____
**(print)**

| TIME PERIOD COVERED BY THIS PAYMENT REQUEST | |
|---|---|
| **Begin Date:** | **End Date:** |
| **Jobs Performed:** | |
| | |
| | |
| **Total Hours Worked this Period:** | |
| **Hourly Rate:** | **$** |
| **Total Charges:** | **$** |
| **County Portion of Total:** | **$** |
| **TDA Portion of Total:** | **$** |
| **USDA - NRCS Portion of Total:** | **$** |

**I certify this record is accurate to the best of my knowledge.**

_____ _____
Technician's Signature Date

**Reviewed and Submitted for Payment:**

_____ _____
SWCD Board Chair Date

_____ _____
TDA Watershed Coordinator Date

Certification Requirements for NRCS/TDA Contribution Agreement NR194741XXXXC001

Technician shall complete the following:

Technician is working to meet/achieve the deliverables as outlined via this agreement. ☐Yes ☐No
Technician is capturing and entering workload deliverables into CD, PRS, etc. ☐Yes ☐No
Technician is working with their District supervisor to verify hours worked are accurate and properly certified. ☐Yes ☐No

Acres of Cropland Affected this Month _____
Acres of Grazing Land Affected this Month _____
Acres of Forest Land Affected this Month _____
Number of Brief TA Contacts this Month _____

_____ _____
Technician's Supervisor (DC) Date

**Approved for Payment:**

_____ _____
TDA Land and Water Stewardship Date