

**PRACTICE COMPLETION NOTICE AND
REQUEST FOR INCENTIVE 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 an incentive payment by the SCD Board on _____
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 an incentive 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-Land and Water Stewardship

_____ For USDA-NRCS

The Board of Supervisors of the _____ County SCD

hereby approves an incentive payment of: \$ _____

_____, Chairman _____ Date

_____, Secretary-Treasurer _____ Date

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

TDA incentive amount: \$ _____

Other incentive amount: \$ _____

Total \$ _____