



Virginia Conservation Assistance Program

Presented by Virginia Association of Soil & Water Conservation Districts

Contract Number _____

Whenever possible, provide photos of the practice site during installation.

Start-Up Payment Pilot Project

Scheduled Start Date Signature, Form 9

The _____ Soil and Water Conservation District (District) has agreed to provide funding through a grant from the Virginia Conservation Assistance Program to _____ (Landowner) for the purpose of construction of _____ a (BMP Description) located at _____ (Landowner Address or BMP Location).

A total amount of \$ _____ in cost share funding has been approved for this practice. \$ _____ in cost-share has been released as a part of the *Start-Up Payment Pilot Program* for use in obtaining contractors or materials related to the BMP listed above.

The contractor or first subcontractor information is as follows. The contractor may be the same as the landowner if the landowner is installing the practice themselves.

Name of Contractor and Business (if applicable)

Address of Business (including City, State, and Zip Code)

Email

Phone

By signing this Scheduled Start Date Signature Form, both myself and my hired contractor (or first subcontractor, or myself as the installer), if applicable, certify our/my intent to begin construction on the approved best management practice(s) on the schedule start date below. I understand that I will receive the Start-Up Payment from the District only after this form has been completed and submitted to the District and all other SUPPP requirements have been met. I recognize that the Start-Up Payment will not be issued any earlier than 60 days before the documented start date. I understand that I will only be allowed until June 1 of the year following contract approval to complete the installation and have a district employee certify it as such. In the event that the BMP is not completed with the required time frame, I am aware that I will be responsible for the full return of the Start-Up Payment directly to the District within 60 days of the contract cancellation or my contract will be turned over to the Office of the Attorney General.

Landowner Signature

Date

Scheduled Start Date

Contractor of Sub-Contractor Signature (if different from above)

Date