



VIRGINIA CONSERVATION ASSISTANCE PROGRAM CONTRACT
(Part II – Technical Determination and SWCD Approval)

PY 2025

Applicant Name:		Representative (if needed):		Contract Number:	
Address:		State:	Zip Code		
Telephone Number:		Email Address:			

Resource Concern: <input type="checkbox"/> Erosion <input type="checkbox"/> Poor Cover <input type="checkbox"/> Excess Runoff			Application Date:		
Address of BMP:					
City/County:					
State:		Zip code:			

Ranking Score:		Practice Code:		Practice Size (SF, LF, Gal):	
GPS Coordinates:				HUC:	
Dominant Land Use:			Contributing Drainage Area:		
Impervious Area Treated:			Impervious Area Removed:		
Are you receiving any other funding assistance for this project? Source and amount:					

STATEMENT OF TECHNICAL NEED - I have reviewed this application and have indicated the extent authorized based on technical need. All practices are subject to verification procedures and any other quality control measures.

_____	_____	_____
District Employee Name	Title	Date
AUTHORIZATION: Your request form has been: [] Approved [] Not Approved		Required Completion Date: _____ This practice must be installed and certified at the issuing SWCD by the above date.
_____	_____	
District Authorization by (SWCD Director)	Date	

Cost Share Estimation:

Lifespan (years): _____

Estimated Total Cost: _____

Estimated Total Cost Share: _____

I (the Applicant) acknowledge receipt of this document. I have received and reviewed the VCAP Program Specifications in the current VCAP Manual and agree to follow the requirements of the program as outlined therein. I understand that substantial deviation from approved projects may result in a decreased cost-share payment by the SWCD for completed projects, or portions thereof, and may result in denial of future cost-share program applications.

Signature of Applicant

Date

(Original to be retained by the SWCD. Copy with signature provided to the applicant). Date stamp: _____