



# Virginia Conservation Assistance Program

Presented by Virginia Association of Soil & Water Conservation Districts

Contract Number \_\_\_\_\_

## Agreement Transferring BMP Responsibility

### VCAP Form 4

#### AGREEMENT TRANSFERRING RESPONSIBILITY FOR BEST MANAGEMENT PRACTICE

This agreement is intended to designate the transfer of maintenance responsibility for a VCAP BMP that received cost-share. The present owner of the property has received funding from VCAP to implement a practice on the below-referenced land unit. In return he/she has agreed to maintain the practice until \_\_\_\_\_. Completion of this agreement acknowledges assumption of responsibility by the new property owner, including the requirement to repay cost-share funds received by the present participant if the BMP is not maintained according to state specifications or in accordance with the Operations and Maintenance Plan described in the Job Sheet (VCAP Form 2).

Contract Number: \_\_\_\_\_ Name of Soil and Water Conservation District: \_\_\_\_\_

BMP Latitude: \_\_\_\_\_ BMP Longitude: \_\_\_\_\_

BMP Code and Name (if applicable): \_\_\_\_\_

Practice Size (sq. ft., lin. ft., gal.): \_\_\_\_\_

#### PRESENT PARTICIPANT NAME & ADDRESS

#### NEW PARTICIPANT NAME & ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The undersigned hereby certifies that the present participant has transferred to the new participant his or her right and interest in the land unit described above. In consideration of this transfer of ownership or leasehold, it is hereby agreed:

1. The new participant hereby assumes the duties and obligations of the present participant under Contract Number: \_\_\_\_\_ to maintain the above BMP for its lifespan in accordance with state specifications or the assigned Operation and Maintenance Plan described in the Job Sheet, and to refund all or part of the cost-share assistance or other provided funding if the practice is found not to meet state specifications, or if the practice is removed or not properly maintained during its lifespan. The new participant agrees to allow District personnel access to his/her property for the purpose of verifying maintenance of BMP.
2. The District acknowledges the transfer of the maintenance responsibility. Any cost-sharing or assistance provided under this transfer agreement shall be in accordance with applicable program rules and regulations.

\_\_\_\_\_  
(SIGNATURE OF PRESENT PARTICIPANT)

\_\_\_\_\_  
(SIGNATURE OF NEW PARTICIPANT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SSN or Federal Tax ID#

\_\_\_\_\_  
SSN or Federal Tax ID#

District Board Approved By: \_\_\_\_\_

Date: \_\_\_\_\_