



**VIRGINIA CONSERVATION ASSISTANCE PROGRAM
ASSIGNMENT OF PAYMENT AUTHORIZATION FORM**

Date

I _____ (Name of participant), do hereby

direct the _____ (Name of Soil and Water District) to pay

☐ Design Costs (as available through particular grant sources)

☐ Start-Up Payment Program (SUPP) cost share payment

☐ Any and all cost share

**Check both SUPP and all cost share if the participant would like both the SUPP and final cost share payments to be paid to the provider listed below.*

disbursed under the _____ (Practice Code) associated with _____ (contract #) to

_____ (Name),

of _____ (Business/Organization) for services

rendered as outlined in the Virginia Conservation Assistance Program contract.

TECHNICAL SERVICE PROVIDER – or Third-Party recipient
Name:
Company Name:
Address:
City/County:
Phone Number:

I understand that it is my duty to communicate with the identified technical service provider or third-party entity listed above regarding any parameters or procedures related to the Assignment of Payment system.

I understand that in the event the technical service provider or third-party entity fails to install the listed VCAP practice(s) as detailed in this contract, I, as the participant in the VCAP program, am responsible for repaying any and all cost share to the District.

I understand that requesting the assignment of cost-share funds to a technical service provider or third-party entity does not relieve me from the responsibility to maintain the BMP(s) per the specification as outlined in the above referenced BMP contract.

Signature (owner of the BMP)

In order for this payment to be made, the recipient of the payment must provide a completed Form W-9, Request for Taxpayer Tax Identification and Certification to the Soil and Water Conservation District.