

Contract Number

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

Start-Up Payment Project Scheduled Start Date Signature, Form 9

The Soil and Water Conservation through a grant from the Virginia Conservation Assistance Program to	District (District) has agreed	a to provide failuling
	Landowner) for the purpos	se of construction of
a (<i>BMP</i> .	Description) located at	
	(Landowner Ad	dress or BMP Location).
total amount of \$in cost share funding has been approx	ved for this practice. \$	in
ost-share has been released as a part of the Start-Up Payment Pilot Pinaterials related to the BMP listed above.	ogram for use in obtaining	g contractors or
The contractor or first subcontractor information is as follows. The con andowner is installing the practice themselves.	ntractor may be the same a	as the landowner if the
Name of Contractor and Business (if applicable)		
Address of Business (including City, State, and Zip Code)		
<u>Email</u>	Phone	
By signing this Scheduled Start Date Signature Form, both myself and replicable, certify our/my intent to begin construction chedule start date below. I understand that I will receive the Start-Up completed and submitted to the District and all other SUPPP requirem Payment will not be issued any earlier than 60 days before the documential June 1 of the year following contract approval to complete the instant the BMP is not completed with the required time frameturn of the Start-Up Payment directly to the District within 60 days ourned over to the Office of the Attorney General. Time is of the essenting the start-Up Payment directly to the District within 60 days ourned over to the Office of the Attorney General. Time is of the essenting the start-Up Payment directly to the District within 60 days ourned over to the Office of the Attorney General.	on the approved best man Payment from the District ents have been met. I recognited start date. I understastallation and have a distriction, I am aware that I will be the contract cancellation	agement practice(s) on the only after this form has been gnize that the Start-Up and that I will only be allowed at employee certify it as such. e responsible for the full or my contract will be
Landowner Signature	 Date	
	Dute	
		Scheduled Start Date