



VIRGINIA CONSERVATION ASSISTANCE PROGRAM CONTRACT
(Part III – Technical Installation and Payment)

PY 2026

Applicant Name:		Contract Number:			
Address:		State:	Zip Code		
	Practice Code:		Practice Size (SF, LF, Gal):		
GPS Coordinates:			HUC:		
Dominant Land Use:		Contributing Drainage Area:			
Impervious Area Treated:		Impervious Area Removed:			
Final Total Cost:		Final Cost Share:			

TECHNICIAN PRACTICE INSTALLATION CERTIFICATION:

I certify that all administrative and technical components of any practice listed above for payment and/or tax credit have been completed by an appropriately qualified individual and that each practice meets all applicable standards and specifications necessary for certification and/or payment. All practices are subject to verifications and any other quality control measures.

Name _____ Title _____ Date _____

I, the Participant (Applicant), certify that the information above is true and correct. I have received and complied with all Program Specifications; and I have installed and agree to maintain this/these practice(s) as built for the practice lifespan in accordance with the Program Specifications.

“Program Specifications,” as used throughout this Contract, means the following documents applicable to this/these practice(s):

- VCAP Program Specifications for this practice;
- Site-specific engineering designs;
- Department of Environmental Quality Best Management Practice Clearinghouse Specifications.

The Program Specifications (together with Parts I and II of this Contract) are included and incorporated by reference within this Contract. I agree to refund all or part of the cost-share financial assistance I have received if my practice(s) is/are found not to meet Program Specifications required at the time of installation/payment or if the practice(s) is/are removed or not properly maintained during the lifespan of the practice(s). I understand and agree that this/these practice(s) are subject to verification checks and any other quality control measure throughout the practice lifespan; and if SWCD staff are unable to access the site for inspection within one month of a request to inspect the site, then this failure will create a rebuttable presumption that I am not in compliance with this Contract. I understand that the sale, lease, or changed use of the property will not exempt me from fulfilling the requirement(s) of this Contract. I also understand that my period of responsibility begins with the acceptance of payment and extends through the lifespan in accordance with program requirements. I understand that my noncompliance can result in removal from participation from the program or a reduction in cost-share funding.

I understand and agree that the District and the Virginia Association of Soil and Water Conservation Districts has permission to use any of the photos provided to publicly promote the Virginia Conservation Assistance Program. I understand that the images may be used in print publications, online, presentations, websites, and social media without royalty, fee, or other compensation. To request that photos are NOT used for purposes outlined above, initial here: _____

I understand that the approved BMP cannot be used for the purposes of Nutrient Trading or for regulatory compliance.

The Participant (Applicant) and the Soil and Water Conservation District (SWCD), in consideration for the mutual promises and exchanges described in this Contract, hereby execute this Contract, consisting of the three parts labeled Parts I, II, and III.

Contract Lifespan Start Date: _____

Contract Lifespan End Date: _____

PARTICIPANT:

Print Name: _____

Signature: _____

Date: _____

SOIL AND WATER CONSERVATION DISTRICT:

Print Name: _____

Title: _____

Signature: _____

Date: _____

COMMONWEALTH OF VIRGINIA

Department of Conservation and Recreation, Division of Soil and Water Conservation, activities and employment opportunities are available to all people regardless of race, color, religion, sex, age, national origin or political affiliation. An equal opportunity/affirmative action employer.

(Original to be retained by the SWCD, Copy with Signature provided to the applicant)