



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

PY 2026

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: _____