

**VCAP Cost-Share Adjustment Request
Form 7****Virginia Conservation
Assistance Program**Presented by Virginia Association of Soil & Water Conservation Districts

Contract Number: _____

Practice: _____

Approved Practice Size: _____

Approved Estimated Cost: _____**Approved Cost-Share:** _____

Updated Total Cost: \$ _____	Updated Cost-Share Request: \$ _____	Difference from Approved Cost-Share: \$ _____
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Reason for cost-share adjustment request and any other information necessary for Steering Committee decision to accept or deny this request? Attach any updated cost and documentation. *

Cost Adjustment Prepared By: _____ Date: _____

VCAP SC Decision: _____ Date: _____

Approved Final Cost-Share: \$ _____

*These changes should reflect the final total cost and final cost-share request on Part III.