



**VIRGINIA BMP INCENTIVES PROGRAMS CONTRACT  
 (Part I – Application for Program)**

<b>Application/Contract Number:</b>		<b>Application Date:</b>	
<b>First Name: Middle Initial: Last Name:</b>			<b>Program Year:</b>
<b>Farm Name:</b>			
<b>Address:</b>		<b>City/County:</b>	
<b>State:</b>	<b>Zip code:</b>	<b>S.S. Number or Tax ID:</b>	
<b>Telephone Number: (H) (W) (M)</b>			
<b>Email Address:</b>			

**APPLICANT'S REQUEST:**

The following information is applicable to all of the following incentive programs: Virginia Agricultural Best Management Practices (BMP) Cost-Share Program (VACS or cost share program), Virginia Conservation Reserve Enhancement Program (CREP), and/or the Virginia Agricultural BMP Tax Credit Program, I agree to install and maintain all practices receiving financial incentives according to program specifications. I agree to allow appropriate agency personnel or their designee access to land under my control for the purpose of evaluation, design, construction and inspection of said practice(s) from this date forward through the required lifespan. I agree to refund all or part of the cost-share financial assistance or tax credit 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 that the sale, lease, or changed use of the property will not exempt me from fulfilling this/these requirement(s). I also understand that my period of responsibility begins with the acceptance of payment and/or tax credit and extends through the lifespan of the practice in accordance with program requirements. Lifespan is defined as "The number of years a BMP must be maintained in accordance with program standards. The lifespan begins on January 1 of the calendar year following the year of certification of completion." A BMP is subject to spot check throughout the practice lifespan. The voluntary participation in one or more of the state agricultural incentive programs does not relieve or relinquish me and my farm operation from compliance with ordinances, laws and regulations that may exist at any level of government. I understand that applying to participate in any of the above listed program(s) does not guarantee that any or all of my request will be funded. I understand that if the practice I am requesting cost-share funding or tax credit for is located within the Chesapeake Bay watershed, nutrient and sediment reduction information related to that practice will be submitted to the Virginia Department of Environmental Quality for reporting to the Chesapeake Bay Program to determine progress made towards Chesapeake Bay pollution reduction targets.

**Applicant Self-Certification of Eligibility:**

For the purposes of the Virginia Agricultural BMP Cost-Share Program agricultural land shall be defined as "land being used in a BONA FIDE program of agricultural management and engaged in the production of agricultural, horticultural or forest products for market. The real estate must consist of a minimum of five contiguous acres and have verifiable gross receipts in excess of \$1,000 per year from the production or sale of agricultural, horticultural or forest products produced on the applicant's agricultural land for each of the past five years.

Districts may request that applicants provide proof of agricultural production. To be considered an agricultural producer there must be an annual minimum of \$1,000 of agricultural products being produced, sold or both from the applicant's agricultural land (non-industrial private forest lands are exempt from timent). Any financial records supplied by an applicant to verify eligibility will not be duplicated or retained by the District.

I certify that I meet the above defined qualifications to participate in the Virginia Agricultural Best Management Practice Cost-Share Program. I certify that I am not currently contracted to receive cost-share funding from any other funding source for the same conservation practice on the same acres of land during this fiscal year, unless multiple funding sources are being used to share the costs for my practice. I further certify that the practices I am requesting cost-share funding or tax credit for are not, and will not, be included in a mitigation bank.

**REQUIREMENTS APPLICABLE TO SPECIFIC INCENTIVE PROGRAMS:**

**VACS Program** (if applicable to this request). The VACS has a \$100,000 per applicant per program year (July 1 thru June 30) cost- share limit. Cost-share funds are considered income. Recipients of these funds are responsible for compliance with all applicable tax requirements including requirements of the Internal Revenue Service.

Soil and Water Conservation Districts (SWCDs) share information concerning VACS/VNRCF funding limits and cost share funding that approved participants have received from other SWCDs to ensure the program applicant cap is not exceeded.

**Yes**  **No** Have you received or will you receive cost share funding from another SWCD during the current program year? If yes, which one(s)?

I certify that I will not accept VACS/ program funds that exceed established limits whether funds I receive are issued by a single SWCD or multiple SWCDs during a single program year. Furthermore, I understand the limits of the tax credit I am eligible to receive.

**VA Agricultural Tax Credit Program** (if applicable to this request). The VA Agricultural Tax Credit Program (§§ 58.1-339.3 and 58.1- 439.5) allows agricultural producers a tax credit equal to 25% of the first \$70,000 expended for all eligible agricultural best management practices completed in any single tax year. The amount of such credit shall not exceed \$17,500. If the amount of the certified tax credit exceeds the taxpayer's liability for the tax year in which the BMP was completed as certified by the SWCD Board, the excess may be refunded by the Tax Commissioner.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

# Request for Taxpayer Identification Number and Certification



Section 1 - Taxpayer Identification

<input type="checkbox"/> <b>Social Security Number (SSN)</b>  <input type="checkbox"/> <b>Employer Identification Number (EIN)</b>  _____	Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number . The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.
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<b>Dunn &amp; Bradstreet Universal Numbering System (DUNS) (see instructions)</b>  _____	<b>Legal Name:</b>  _____	
	<b>Business Name:</b>  _____	

Entity Type	Entity Classification	Exemptions (see instructions)
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Legal Services <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Joint Venture <input type="checkbox"/> VA Local Government <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Federal Government <input type="checkbox"/> OTH Government <input type="checkbox"/> VA State Agency <input type="checkbox"/> Other	Exempt payee code (if any):  (from backup withholding)  _____  Exemption from FATCA reporting code (if any):  _____

Contact Information		
Legal Address:  City:                      State :      Zip Code:	Name:  Email Address:  Business Phone:	
Remittance Address:  City:                      State :      Zip Code:	Fax Number:  Mobile Phone:  Alternate Phone:	

Section 2 - Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification

<b>Printed Name:</b>		
<b>Authorized U.S. Signature:</b>		<b>Date:</b>