



Tennessee Department of Agriculture

Report of Completed Best Management Practices and Request for Cost-Share Reimbursement

Use This Form for Agricultural Resources Conservation Fund (ARCF) Projects ONLY

Form with fields for Grantee Name, Name of Cooperator, County, BMP(s) Installed, Total Project Cost, TDA Cost-Share Amount, Cost Share from Other Sources (Federal/Non-federal), Cooperator Contribution, State House District #, State Senate District #, Acres Impacted by Project, 12-Digit HUC Watershed Number, Name of Stream Closest to the BMP Site, Is Closest Stream on the 303(d) List?, Latitude Coordinates of the BMP Location, and Longitude Coordinates of the BMP Location.

TDA USE ONLY

I certify that a complete Application and Agreement for Cost Share Assistance Form is in the project folder, calculations pertaining to the above request have been reviewed and are correct, a field check of the completed practice(s) has been performed, and payment of the reimbursement is approved.

TDA Watershed Coordinator _____ Date _____

Reviewed by TDA-EAC:

Initial _____ Date _____

Notes: _____

Form with fields for P.O.#, RECEIPT #, VOUCHER #, and EDISON ENTRY DATE.