District Name Soil & Water Conservation District

District Address

District Phone Number

Date

Applicant

Address

City, NC Zip Code

Dear Applicant:

Thank you for interest in the Agricultural Water Resources Assistance Program (AgWRAP). We appreciate the time you took to discuss your conservation needs with the District Name Soil & Water Conservation District. This program is designed to offset the financial investment required to install conservation best management practices and can cover up to 75 or 90% of the cost of installation. Component payment amounts are determined by the North Carolina Soil and Water Conservation Commission annually.

Your contract has been approved by the District Name Soil & Water Conservation District Board of Supervisors for funding a BMP. This decision was made during our last board meeting held Board Meeting Date. We will submit the contract to the North Carolina Division of Soil and Water Conservation for final approval. Once we have received notification of Division approval, a District staff member will be in contact with you. No work should begin before this notification is received.

Please notify District staff when installation of the BMP’s are planned to begin. District staff will be available in the field as needed to provide guidance for installation.

In addition, once work has been completed on the project, please notify District staff so that a final inspection can be scheduled to prepare for submission of your request for payment to the North Carolina Division of Soil and Water Conservation.

Again, we thank you for your willingness to participate in this program and we look forward to working with you on this project. Please contract District Employee, Title, and Board Chairman, Title, with any questions or concerns regarding your application and return the acknowledgement form at your earliest convenience.

Thank you,

Board Chairman District Employee

Title Title

**NC Agriculture Cost Share**

**Contract/Letter Acknowledgement Form**

**Contract Number Highlights**

|  |  |
| --- | --- |
| BMP to be installed |  |
| 1/3 of work required completion date |  |
| Projected cost share contract amount |  |
| Standard requirements |  |
| BMP maintenance period |  |
| Spot check requirements |  |
| Required forms |  |
| Other information |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I have received a copy of Contract \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and its accompanying summary letter.

Cooperator Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cooperator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_