



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

Contractor Name (SCD, RC&D, etc.)		Name of Cooperator		County
BMP(s) Installed. List BMP Name, NRCS Code Number, and Units of each BMP-(acres, feet, # of units, etc.)				
Total Project Cost		Cost-Share Amount	Acres Impacted by Project	12-Digit HUC Watershed Number
Name of Stream Closest to the BMP Site			Latitude Coordinates of the BMP Location:	
Stream on the 303(d) List? (circle one)			_____ . _____ (decimal degrees)	
Yes          No				
State House District Number	State Senate District Number	Longitude Coordinates of the BMP Location: (Always a negative number)		
		_____ . _____ (decimal degrees)		

This is to certify that all documentation and calculations pertaining to the above request have been reviewed, a field check of the completed practice has been performed, and payment of the reimbursement is approved.

\_\_\_\_\_  
TDA Watershed Coordinator          Date

Accepted:	
_____	_____
Initial	Date