



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

<b>Application/Contract Number:</b>			<b>Application Date:</b>		
<b>First Name:</b>		<b>Middle Initial:</b>		<b>Last Name:</b>	
<b>Farm Name:</b>					<b>Program Year:</b> PY24
<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: Home:</b>		<b>Work:</b>		<b>Mobile:</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 required at the time of approval of my application by the Board of Directors of the local Soil and Water Conservation District (the “Board”). 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 understand that the sale, lease, or changed use of the property will not exempt me from fulfilling the requirement(s) described herein. 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 verification checks 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.

**REMEDIES IF THIS AGREEMENT IS BREACHED:**

If my practice(s) is/are found not to meet Program Specifications required at the time of approval of my application by the Board, then I agree to refund all of the cost-share financial assistance or tax credit I have received. If the practice(s) is/are removed (in whole or in part) or not properly maintained during the lifespan of the practice(s), then I agree to refund all of the cost-share financial assistance or tax credit I have received, minus a pro rata portion of the assistance or tax credit from the number of months that my practice(s) had been previously in compliance, out of the number of months in the lifespan of the practice. Any refund shall be calculated with a penalty of 6% APR from the date of breach to the date of judgment, apart from post-judgment interest. In the event that demand is made for reimbursement and I fail or refuse to pay such reimbursement within 90 days of the demand, then I agree to pay any and all attorneys’ fees for enforcement of this agreement.

\_\_\_\_\_

**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 three 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 the \$1,000 requirement). 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 contracted to receive cost-share funding from any other 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 certify that the practices for which I am requesting cost-share funding or tax credit are not, and will not, be used in a mitigation bank, nutrient trading program, or to comply with any state or federal law, regulation, or permit.

**REQUIREMENTS APPLICABLE TO SPECIFIC INCENTIVE PROGRAMS:**

**VACS Program** (if applicable to this request): The VACS Program has a \$300,000 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 \$100,000 expended for all eligible agricultural best management practices completed in any single tax year. If the agricultural producer has an approved resource management plan, the producer is eligible for a tax credit equal to 50% of the first \$100,000 expended for all eligible agricultural best management practices completed in any single tax year. 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**

COMMONWEALTH OF VIRGINIA:

Department of Conservation and Recreation activities and employment opportunities are available to all people regardless of race, color, religion, sex, age, national origin or political affiliation. An equal opportunity/affirmative action employer.

(Original to be retained by the SWCD. Copy with signature provided to the applicant). Date stamp: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## Part II 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 below); 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 the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.