District Board Approved By:





**Contract Number** 

## Agreement Transferring BMP Responsibility

VCAP Form 4

## AGREEMENT TRANSFERRING RESPONSIBILITY FOR BEST MANAGEMENT PRACTICE

This agreement is intended to designate the transfer of maintenance responsibility for a VCAP BMP that received cost-share. The present owner of the property has received funding from VCAP to implement a practice on the below-referenced land unit. In return he/she has agreed to maintain the practice until \_\_\_\_\_\_\_. Completion of this agreement acknowledges assumption of responsibility by the new property owner, including the requirement to repay cost-share funds received by the present participant if the BMP is not maintained according to state specifications or in accordance with the Operations and Maintenance Plan described in the Job Sheet (VCAP Form 2).

Contract Number:	_Name of Soil and Water Conservation District:
BMP Latitude:	BMP Longitude:
BMP Code and Name (if applicable):	
Practice Size (sq. ft., lin. ft., gal.):	
PRESENT PARTICIPANT NAME & ADD	ESS NEW PARTICIPANT NAME & ADDRESS
Phone Number:	
interest in the land unit described above. In o	sent participant has transferred to the new participant his or her right and nsideration of this transfer of ownership or leasehold, it is hereby agreed:
to maintain the a Operation and Maintenance Plan d provided funding if the practice is	the duties and obligations of the present participant under Contract Number: ove BMP for its lifespan in accordance with state specifications or the assigned acribed in the Job Sheet, and to refund all or part of the cost-share assistance or other bund not to meet state specifications, or if the practice is removed or not properly new participant agrees to allow District personnel access to his/her property for the CBMP.
	er of the maintenance responsibility. Any cost-sharing or assistance provided under this dance with applicable program rules and regulations.
(SIGNATURE OF PRESENT PARTICIPA	T) (SIGNATURE OF NEW PARTICIPANT)
DATE	DATE
SSN or Federal Tax ID#	SSN or Federal Tax ID#

Date: