



VIRGINIA CONSERVATION ASSISTANCE PROGRAM
ASSIGNMENT OF PAYMENT AUTHORIZATION FORM

_____ Date

I _____ (Name of participant), do hereby

direct the _____ (Name of Soil and Water District) to pay

- Design Costs
- Start-Up Payment Program (SUPPP) cost share payment
- Any and all cost share

**Check both SUPPP and all cost share if the participant would like both the SUPPP and final cost share payments to be paid to the provider listed below.*

disbursed under the _____ (Practice Code) associated with _____ (contract #) to

_____ (Name),

of _____ (Business/Organization) for services

rendered as outlined in the Virginia Conservation Assistance Program contract.

TECHNICAL SERVICE PROVIDER – or Third-Party recipient
Name:
Company Name:
Address:
City/County:
Phone Number:

I understand that requesting the assignment of cost-share funds to a technical service provider or a third-party entity does not relieve me from the responsibility to maintain the BMP(s) per the specification as outlined in the above referenced BMP contract.

Signature (owner of the BMP)

In order for this payment to be made, the recipient of the payment must provide a completed Form W-9, Request for Taxpayer Tax Identification and Certification to the Soil and Water Conservation District.