AgWRAP Regional Application Cooperator Acknowledgement and Submittal Form

Please only complete this form if you are unable to obtain electronic signatures.

AgWRAP Best Management Practice (BMP) Requested:

Signature of Job Approval Authority for requested BMP:

I have reviewed the electronic application prepared by staff:

☐ Yes

I have provided a copy of one of the eligible documents to verify program eligibility:

☐ Yes

I have completed the Agricultural Water Resources Assistance Program (AgWRAP) Adjusted Gross Income Self-Certification:

☐ Yes

I hereby apply for cost sharing assistance under the North Carolina Agricultural Water Resources Assistance Program. This application does not guarantee cost share approval or obligate the applicant to enter into a cost share agreement. For the purposes of developing and implementing my NCAgWRAP application, I authorize the release of records that are in custody of USDA. I acknowledge that producer, landowner and farm information provided on this NCAgWRAP application and/or accompanying documents, including information and documents received from the USDA, are subject to the North Carolina Public Records Law and may be disclosed to third parties.

Applicant Signature | Date

Landowner Signature | Date

District Chair Signature | Date