

STATE OF NORTH CAROLINA

LIMITED POWER OF ATTORNEY  
FOR THE NORTH CAROLINA SOIL AND  
WATER CONSERVATION COMMISSION  
COST SHARE PROGRAM

COUNTY OF \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, that I, \_\_\_\_\_, the undersigned, of the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, hereby make, constitute and appoint \_\_\_\_\_, of the City of \_\_\_\_\_, County of \_\_\_\_\_, State of North Carolina, my true and lawful attorney-in-fact for me and in my name, place and stead, giving unto said \_\_\_\_\_, full power to act in my name, place and stead in any way which I myself could do if I was personally present with respect to participation in the N.C. Soil and Water Conservation Commission Cost Share Program (the “Program”), specifically including the following powers checked below:

- access to any and all records maintained by \_\_\_\_\_ Soil and Water Conservation District;
- signing of documents or entering into agreements, both written and oral;
- making application to the Program to request assistance;
- making decisions on best management practices to be installed;
- requesting and receiving payments for best management practices that have been installed and approved for payment pursuant to the terms of the Program;
- canceling or authorizing cancellation of agreements.

This Power of Attorney shall remain in full force and effect until written notice of its revocation has been duly served upon the \_\_\_\_\_ Soil and Water Conservation District. This Power of Attorney shall be automatically void and of no effect upon the subsequent incapacity or mental incompetence of the undersigned. Copies of it shall remain on file in the office of the \_\_\_\_\_ Soil and Water Conservation District and the office of the North Carolina Division of Soil and Water Conservation.

This the \_\_\_\_\_ day of \_\_\_\_\_, 202\_.  
\_\_\_\_\_(SIGN)  
Print Name: \_\_\_\_\_

\_\_\_\_\_ COUNTY

I, the undersigned, a Notary Public in and for the aforesaid county and state do hereby certify that on this date personally appeared before me \_\_\_\_\_, a person known to me and the same person described in and who executed the foregoing instrument, and I do certify that (s)he, after being first duly sworn, acknowledged the due execution of the foregoing instrument for the purposes therein expressed, and made oath that the statements in the foregoing instrument are true.

\_\_\_\_\_  
Notary Public  
My Commission Expires:  
STAMP/SEAL