



Community Conservation Assistance Program Cooperator Acknowledgement Form

Soil and Water Conservation District _____

Cooperator Name _____ Date _____

Project Name _____ Contract # _____

Technical Representative Name _____

BMP(s) _____

By initialing and signing the statements below the Cooperator acknowledges their understanding of the Community Conservation Assistance Program (CCAP) program requirements. It is also understood that this Acknowledgement Form does not cover all contractual obligations included in the actual contract.

_____ I understand that the practices to be installed have certain standards and specifications that must be adhered to when receiving cost share funds.

_____ The person with the appropriate Job Approval Authority, or a Professional Engineer, must certify that the practice(s) were installed according to the Division of Soil and Water Conservation's standards and specifications and are in accordance to the provided design.

_____ I understand that the planning, contracting, and design processes take time to complete and may not allow for immediate construction of this project.

_____ I understand that work may not begin until I receive notification from the soil and water conservation district that the contract and design are approved and work may only begin after receiving this notification.

_____ I understand that the 75% cost share average costs are derived from across the state and may not reflect an actual 75% cost share amount on this specific project.

_____ I understand that I must provide sufficient receipts for those contract items that are cost shared at 75% of actual costs.

_____ I understand that I, as the Applicant and Cooperator, are responsible for contracting construction services for this project.

_____ If the practice is no longer used for the intended purpose or is destroyed by means other than by natural causes during the maintenance period, the cost share contract shall be considered out of compliance and a pro-rated amount of the cost share funds must be repaid to the State.

_____ The practice must be maintained in functioning order for the life of the practice. If deficiencies are found, I understand as the cooperator that I am responsible for the maintenance to bring the practice back into compliance or I will be responsible for repaying a pro-rated amount of the cost share funds received.

_____ If the property is sold during the required maintenance period, I understand that I will need to contact my local district for the "Substitution of Parties" form to provide to my realtor for the new owner to assume the maintenance requirements OR I will be held responsible for payback of cost share funds at a pro-rated amount should the practice be destroyed.

_____ I understand that a 1099 Form will be issued for cost share payments received and that I am liable for any taxes due from the income received from cost share payments. I understand that the expenses may ***potentially*** be deducted but that I will need to consult with the IRS or an accountant to determine applicable deductions.

_____ A spotcheck of the practice by the soil and water conservation district may be made during the maintenance period to ensure compliance with standards and specifications.

Cooperator

Date

Technical Representative

Date