Tygarts Valley Conservation District FY26 Agricultural Enhancement Program Cost Verification Form

All information must be complete and accurate for District Fiscal Payment Processing

SECTION I

***Cooperator Name**: _____ **Transaction Number**: _____

***Farm Name:** _____

***Address:** _____

Telephone Number: _____

****Information Must Match W-9 where applicable***

Fund	
Program	
Description	
CD Approval Signature	

(District Use Only)

Check No.	
Date Paid	
Amt. Paid	**$**

SECTION II

Practice Name	APPROVED			COMPLETED		
	Units	Cost Share Rate	Cost Share Approved	Units	Cost Share Rate	Cost Share Payment

SECTION III

SUMMARY OF RECEIPTS *(PLEASE ATTACH A COPY OF EACH AND ALL EXPENSES)*

Work performed by owner/operator: list materials, labor, and equipment used to install this practice/project.

Practice Details	Units	No. of Units	Total Cost	Cost Share Payment

Total Cost for Database = _____ **Total Cost Share Payment =** _____

Total cost is the cooperator's cost of implementing the practice and may include amounts/components beyond what the district program authorizes for purposes of cost share payment. The "total cost for database" is not necessarily used to calculate the cost share payment.

SECTION IV

Cooperator Certification: I hereby certify that the practice is complete and meets standards, specifications and program requirements, and all receipts/documentation related to this practice have been submitted.

Cooperator Signature: _____ **Date:** _____

SECTION V

PERFORMANCE REPORT

The practice(s) shown above have been implemented to the extent indicated in Section II as "Completed". The practice(s) meets or exceeds standards, specifications, and program requirements.

Signature of Authorized Representative: _____ **Date:** _____

Printed Name: _____ **Title:** _____