



## SECTION VI

### N.C. COMMUNITY CONSERVATION ASSISTANCE PROGRAM CONTRACTS AND POLICIES AFFECTING CONTRACT ACTIONS

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## INSTRUCTIONS FOR COMPLETING APPLICATION FOR ASSISTANCE (NC-CCAP-1) & (NC-CCAP-1P)

1. Complete sections for name, address (including city and state), zip code (must be nine digits). Check the appropriate response to indicate district supervisor status. If the applicant is a district supervisor in any district, your answer should be yes. Complete the SSN or Federal ID # for the applicant, landowner or third party on the **NC-CCAP-1P Form**. Each person who is to receive payment must complete and sign the **NC-CCAP-1P Form**. If applicant is part of a business, complete business information with SSN and Fed ID#. If applicant is not the landowner, complete landowner information and have all parties sign all forms.
2. Name of county submitting contract.
3. Application number (XX-XX-XXX-XX: County # - Program Year - Contract # - River Basin #).
4. Funding Source: Enter the label for the funding source from the following list of funding sources.

Funding Source	Label for CCAP-1	Comment
319 CCAP Grant	319	Division of Water Quality
Clean Water Management Trust Fund CCAP Grant	CWMTF	Clean Water Management Trust Fund
Regular CCAP Fund	CCAP	State Appropriation

5. Latitude/longitude of the BMP installation site according to USGS topographical quad maps provided by NRCS or by use of Global Positioning System instrument.  
  
Latitude (0-90° N or S of the equator) and longitude (0-180° E or W of Greenwich, England). This can be given in degrees, minutes, seconds; degrees + decimal places; or, a standard planar projection. In North Carolina, one longitudinal degree = 60 miles, one longitudinal minute = 5280 ft. and one longitudinal second = 88 ft. Note that in North Dakota, one longitudinal second equals only 72 ft. since it is closer to the north pole where the longitudinal lines converge. One latitudinal degree = 70 miles, one latitudinal minute = 6160 ft. and one latitudinal second = 103 ft. (The center of the N.C. State University campus is located at 35° 47' 10" N, 78° 40' 18" W.)
6. Name the appropriate receiving waters (lake, stream, canal) that are affected by the problems described above.
7. Fourteen digit Hydrologic Unit # according to NRCS Hydrologic Unit Maps. If BMPs are planned for more than one hydrologic unit in the CPO, then use the hydrologic unit number in which the majority of the BMPs will be installed.



8. Associated Government Programs/Project: i.e., 319; CWMTF; local.
9. Give a detailed description of location (include state road numbers, etc.).
10. Identify the type of property (single-family, commercial, government, multi-unit, subdivision, etc.) that is requesting cost share assistance.
11. For a single-family dwelling, the certificate of occupancy must have been issued three or more years ago. All other properties must have been developed for three years or more and released from sedimentation/erosion control permits.
12. Describe **problems** and the proposed treatment for which cost share assistance is needed.
13. Original signature of applicant requesting cost share assistance. Applicant must sign and date before the district chair approves the application form.
14. Original signature of district chair or designee. The district chair should always be the last person to sign and date the form.
15. District chair should check if application was approved or denied by the district board of supervisors.



NC DENR  
DSWC

NC-CCAP-1  
(04/2008)

### N.C. COMMUNITY CONSERVATION ASSISTANCE PROGRAM APPLICATION FOR ASSISTANCE

Applicant

Landowner

Third Party/Landowner

NAME: BUSINESS: ADDRESS:  DISTRICT SUPERVISOR? NO <input type="checkbox"/> YES <input type="checkbox"/> District, Division or NRCS Employee? NO <input type="checkbox"/> YES <input type="checkbox"/>		Phone: Mobile:  NAME: BUSINESS: ADDRESS:  DISTRICT SUPERVISOR? NO <input type="checkbox"/> YES <input type="checkbox"/> District, Division or NRCS Employee? NO <input type="checkbox"/> YES <input type="checkbox"/>		Phone: Mobile:  NAME: BUSINESS: ADDRESS:  DISTRICT SUPERVISOR? NO <input type="checkbox"/> YES <input type="checkbox"/> District, Division or NRCS Employee? NO <input type="checkbox"/> YES <input type="checkbox"/>	
COUNTY:	APPLICATION NUMBER:	FUNDING SOURCE (Enter appropriate code): 319 <input type="checkbox"/> CWMTF <input type="checkbox"/> REGULAR CCAP <input type="checkbox"/>			
LATITUDE:	RECEIVING WATERS:	14 DIGIT HYDROLOGIC UNIT #:	OTHER PROJECT FUNDING: 319 <input type="checkbox"/> LOCAL <input type="checkbox"/> CWMTF <input type="checkbox"/> OTHER <input type="checkbox"/>		
LONGITUDE:					

1. Directions to site.

2. Type of property: Single -family Home  Commercial Property  Gov't/Institutional  Subdivision   
Multi-unit Residential  Public Park/Greenway  Other (please specify)  \_\_\_\_\_

3. a. For single-family dwelling, was the certificate of occupancy issued three or more years ago? Yes  No   
b. Has the property been developed for three years or more and released from its sedimentation/erosion control plan? Yes  No

4. Describe problems and proposed treatment for which assistance is needed.

I hereby apply for financial assistance under the North Carolina Community Conservation Assistance Program. This application does not guarantee cost share approval or obligate the applicant to enter into a cost share agreement.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

District Chair \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_ Denied \_\_\_

N.C. Division of Soil and Water Conservation \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_ Denied \_\_\_



NC DENR  
DSWC

NC-CCAP-1P  
(07/2007)

## N.C. COMMUNITY CONSERVATION ASSISTANCE PROGRAM CLIENT IDENTIFICATION INFORMATION

NOTE: Complete a separate NC-CCAP-1P form for each party that will receive payments under the contract:

CCAP Contract Number: \_\_\_\_\_

NAME:	SSN:
BUSINESS:	FED ID:
SIGNATURE*:	DATE:

\*By signing this form, the CCAP participant certifies that the Social Security number or Federal Tax ID number is the correct number for this individual/business.

Statement of Purpose for collecting personal identification information:

The Department of Environment and Natural Resources (DENR) is required to issue a 1099-form to the Internal Revenue Service (IRS) for any individual to whom it issues a check. Because the IRS uses the Social Security number or Federal Tax ID number as a unique identifier, the DENR must collect that information from any individual to whom it issues a check.

DENR does not use the Social Security number or Federal Tax ID number for any purpose other than that stated above.



## INSTRUCTIONS FOR COMPLETING COST SHARE AGREEMENT (NC-CCAP-2)

1. Date of cost share agreement.
2. County entering into agreement with applicant/landowner.
3. Name of applicant and/or landowner.
4. Address of applicant and/or landowner. Zip code must be nine digits.
5. Agreement number (County # - Program Year - Contract # - River basin #)
6. Practice installation date. This date cannot be beyond the first Wednesday in June of the third year of the agreement.
7. Signature and date of applicant and landowner. In a situation where the applicant does not own the land or does not have a lease for the life of the practices to be installed, then the landowner(s) must sign the Cost Share Agreement form. **(Reminder:** All persons who sign the contract must also sign all Request(s) for Payment forms. An absentee landowner may wish to give someone power of attorney in order to expedite the flow of documents that require signatures.
8. Signature and date of district chair. District chair must sign and date **after** the applicant/landowner signs and dates.



NC DENR  
DSWC

NC-CCAP-2  
(07/2007)

## N.C. COMMUNITY CONSERVATION ASSISTANCE PROGRAM COST SHARE AGREEMENT

This agreement is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between the \_\_\_\_\_ Soil and Water Conservation District and

\_\_\_\_\_ (Applicant) of \_\_\_\_\_

\_\_\_\_\_ (Applicant) of \_\_\_\_\_

\_\_\_\_\_ (Landowner) of \_\_\_\_\_

\_\_\_\_\_ (Landowner) of \_\_\_\_\_

hereinafter called "the cooperator(s)". This agreement for contract no. \_\_\_\_\_ covers the period of practice installation up to, but not beyond, the first Wednesday in June \_\_\_\_\_, and includes all items contained in the Conservation Plan of Operation (CPO) referred to in 15A NCAC 6E .0102 (6).

**THE COOPERATOR(S) AGREE(S) TO:**

- (1) Not begin installation until approval is given by the N.C. Division of Soil and Water Conservation.
- (2) Implement the best management practice(s) to the best of his/her ability in compliance with the rules governing the community conservation assistance program and according to the attached Conservation Plan of Operation (CPO), which is incorporated herein by reference.
- (3) Complete one-third (1/3) of the installation of the best management practice(s) as described in the attached CPO, as determined by the \_\_\_\_\_ Soil and Water Conservation District within the first twelve (12) months following approval of the CPO by the N.C. Division of Soil and Water Conservation. Failure to comply with this item will result in the immediate termination of this Cost Share Contract. Cooperator(s) may request the \_\_\_\_\_ Soil and Water Conservation District to approve a six (6) month extension of this provision to avoid termination of the contract.
- (4) Maintain and continue the cost shared best management practices in the attached CPO for the minimum life set forth by the Soil and Water Conservation Commission. If the cooperator(s) fails to properly maintain or continue the practices for their intended use for the life of the practice, the cooperator(s) shall repair or reimplement the practice within 30 days (up to one calendar year for vegetative practices) or repay the State of North Carolina a percentage of the cost share payment as set forth in 15A NCAC 6I.



- (5) Permit access by Soil and Water Conservation District, Division and Commission representatives at reasonable times to provide technical assistance and to inspect the practices during and after implementation for proper installation, maintenance and continuation.
- (6) Require any person(s) to whom the benefited acres are transferred by sale, lease, inheritance, foreclosure or other means to sign a statement to maintain and continue the cost shared BMPs for the remaining life of the practice as a condition of the transfer of ownership or control. The cooperator shall give a copy of the agreement to the District. If the cooperator(s) fail to secure such an agreement, the cooperator(s) will repay the State a percentage of the cost share payment as set forth in 15A NCAC 6I.
- (7) Repay the State a percentage of the cost share payment as set forth in 15A NCAC 6I if equipment purchased under this agreement is sold or leased within the maintenance period.
- (8) Not to use cost shared equipment as collateral.

THE DISTRICT AGREES TO:

- (1) Provide technical assistance for the planning, design, implementation, maintenance, and certification for all best management practices (cost shared and non-cost shared) contained in the attached Conservation Plan of Operation (CPO).
- (2) Following district certification that best management practices were properly installed and implemented, provide to the designated cooperators(s) through the N.C. Division of Soil and Water Conservation the cost share or incentive indicated on form NC-CCAP-11 which is attached as part of this contract and incorporated herein by reference. (Prior to issuance of payment, the N.C. Division of Soil and Water Conservation must approve the CPO, any revisions or supplements and requests for payment.)

\_\_\_\_\_ (Applicant) Date \_\_\_\_\_  
(Signature)

\_\_\_\_\_ (Applicant) Date \_\_\_\_\_  
(Signature)

\_\_\_\_\_ (Landowner) Date \_\_\_\_\_  
(Signature)

\_\_\_\_\_ (Landowner) Date \_\_\_\_\_  
(Signature)

\_\_\_\_\_ (District Chair) Date \_\_\_\_\_  
(Signature)



## INSTRUCTIONS FOR COMPLETING CONSERVATION PLAN OF OPERATION (NC-CCAP-11)

1. Name and address of applicant.
2. Agreement number - (County # - Program Year - Contract # - River Basin #).
3. BMP Item No. - Number each BMP, both cost shared and non-cost shared, listed in the *Planned Treatment* column.
4. Tax parcel number - Enter the tax parcel number(s) applicable to the practice.
5. Planned treatment - Use the standard names listed in the "Average Cost Guide". You may wish to list brief specifications or attach job sheet for each management or vegetative practice.
6. Estimated amounts (Units) - Planned number of acres, feet, etc. for each component of the BMP.
7. Average Cost \$ - Enter the average cost of the component from the "Average Cost Guide". If actual cost is being used for a **component not found in the "Average Cost Guide"**, notation should be made beside the cost.
8. Cost Share Percentage - Use 75 percent (75%).
9. Time schedule and estimated cost share by year:
  - a. Enter required maintenance period.
  - b. Record the estimated cost shared dollars for components of each BMP under the year they are to be established.
10. The person who completes the contract and who can be contacted for further information about the contract should sign and date the technical representative line on the NCCAP-11 form(s). Signing the technical representative line denotes who worked with the applicant, developed paperwork and can be contacted with questions about the contract.





## INSTRUCTIONS FOR COMPLETING CONSERVATION PLAN OF OPERATION SUMMARY (NC-ACSP-11A)

1. Name and address of applicant.
2. Agreement Number - County # - Program Year - Contract # - River Basin #.
3. Total acres of watershed affected would include all acres **affected** by the BMPs to be installed in the contract.
4. Number of homes and number of people needs to be completed for all contracts.
5. Total Cost Share - Total Cost Share dollars of all BMPs by funding source. Enter applicable label(s) for funding source(s) and total amount to be included in the contract from that funding source. If more than one funding source is used, clearly indicate the amount to be taken from each funding source.

Funding Source	Label for NC-CCAP-1	Comment
319 CCAP Grant	319	Division of Water Quality
Clean Water Management Trust Fund CCAP Grant	CWMTF	Clean Water Management Trust Fund
Regular CCAP Fund	CCAP	State Appropriation

6. Annual Costs - Total Cost Share Program dollars for BMPs to be installed for each program year.
7. Total Soil Loss Reduction in tons/yr - **Cumulative** soil loss for **all acres affected** by BMPs (use Revised Universal Soil Loss Equation calculation or other appropriate method).\*
8. Total Nutrient Loss Reduction in lbs/yr (nitrogen and phosphorus) for all acres affected.\*
9. Total square feet of impervious surface in the watershed draining to the BMP.
10. Level of Design Approval - Check appropriate blank for highest level of design approval required for BMPs in contract. The person with the design approval authority must sign the NC-CCAP-11A form or attach a letter of design approval. If technical representative also has design approval authority, he/she should sign as technical representative **and again** as design approval authority.



## Signatures:

- 10a. Original signature of applicant and date signed.
- 10b. Original signature of landowner and date signed. If landowner signed NC-CCAP-2 form, he/she must also sign the NC-CCAP-11A form.
- 10c. The person who completes the contract and who can be contacted for additional information about the contract should sign the technical representative line. Signing the technical representative line denotes only who worked with the applicant and developed paperwork and who can be called with questions about the contract.
- 10d. The individual with design approval authority, for the highest level required in the contract, should sign the design approval authority line, submit a signed design sheet or submit a letter of approval. **If final design is not complete, installation should not begin prior to submitting the final design approval to, and receiving approval from, the division.** If technical representative also has design approval authority, he/she should sign as technical representative **and again** as design approval authority.
- 10e. Original signature of district chair or designee and date signed. The district chair should always be the last person to sign and date the form.



NC DENR  
DSWC

N.C. COMMUNITY CONSERVATION ASSISTANCE PROGRAM  
CONSERVATION PLAN OF OPERATION (CPO) SUMMARY

NC-CCAP-11A  
(07/2007)

NAME: ADDRESS:				AGREEMENT NUMBER	AREA (SQFT) OF WATERSHED DRAINING TO BMP	# OF HOMES	# OF PEOPLE
TOTAL COST	TOTAL CONTRACT AMOUNT BY FUNDING SOURCE (Enter Funding Code)			TOTAL SOIL LOSS REDUCTION	TOTAL NUTRIENT LOSS REDUCTION		SQFT OF IMPERVIOUS SURFACE IN DRAINAGE AREA
	Regular CCAP			TONS/YR	LBS/YR N	LBS/YR P	
\$	\$	\$	\$				

Highest level of design approval: FIELD OFFICE \_\_\_\_\_ PROFESSIONAL ENGINEER \_\_\_\_\_

The Cooperator(s) has reviewed the Cost Share Agreement and CPO and agrees to apply the planned treatment according to the standards and specifications as approved by the Division of Soil and Water Conservation. Failure to carry out the un-numbered contract items (UN) does not constitute non-compliance with the contract. **CPO and payment are contingent on approval by NPS Section, Division of Soil and Water Conservation, NC DENR. Funding for this CPO is contingent upon final annual allocation of State funds to the District. Installation may not begin prior to receiving approval from the Division.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Landowner (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Technical Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Design Approval Authority: \_\_\_\_\_ Date: \_\_\_\_\_  
(Can be submitted separately from 11A)

District Chair: \_\_\_\_\_ Date: \_\_\_\_\_



## INSTRUCTIONS FOR COMPLETING REQUEST FOR PAYMENT (NC-CCAP-3)

1. Date of Request for Payment.
2. County submitting Request for Payment.
3. Agreement number of contract being submitted for payment.
4. This statement should be completed only if you are requesting to cancel remaining funds in contract (see cancellations).
5. Indicate if BMPs were installed as planned in contract or revised. If revised, specify changes in items 6 - 13 and attach a revised Resource Impact Summary if the effects will need to be adjusted. Be sure to highlight any changes.
6. Item number, as found in the contract on NC-CCAP-11 form, that is being requested to be paid. If the practice is a revision to what was planned in the contract be sure to use a new item number for additional BMPs installed and the same item number to revise planned BMPs (see REVISIONS for more detail).
7. Tax parcel number(s) where BMP(s) were installed.
8. Practice - Name of BMP being requested for payment. If components are completed differently from what was planned in the contract you must list each component, unit size and the average cost per unit.
9. Number of hours required to plan and design BMP(s).
10. Number of hours required to install planned BMP(s).
11. Units Planned - Number of Units Planned for BMP according to the contract.
12. Units Completed - Actual number of Units completed for BMP when installed.
13. Amount to be reimbursed from cost share funds - seventy-five percent (75%) of Average Cost, per Average Cost Guide, for number of units completed. If applicant is receiving funds from other sources (i.e., local funding source) be sure to subtract this amount by BMP.
14. Total - Total of Request for Payment.
15. Payment Due/Source Code - Amount to be paid to applicant from the specified funding source (enter source code label).
16. Social Security number or Federal Tax I.D. number must be completed for the applicant receiving the payment. A 1099-G form will be sent to any person receiving payment of funds in excess of \$600. Any cost share program funds received are taxable.



17. Name and address of applicant. Zip code must be nine digits.
18. Original signature of applicant and date signed.
19. Payment Due/Source Code - Amount to be paid to landowner from the specified funding source (enter source code label), if applicable.
20. Social Security number or Federal Tax I.D. number must be completed for the landowner receiving the payment. A 1099-G form will be sent to any person receiving payment of funds in excess of \$600. Any Cost Share Program funds received are taxable.
21. Name and address of landowner, if applicable. Zip code must be nine digits.
22. Original signature of landowner and date signed. All persons who signed the agreement and the contract must also sign the Request for Payment form, regardless of who receives payment.
23. Payment Due/Source Code - Amount to be paid to third party from the specified funding source (enter source code label), if applicable.
24. Social Security number or Federal Tax I.D. number must be completed for the third party receiving the payment. A 1099-G form will be sent to any person receiving payment of funds in excess of \$600.00. Any Cost Share Program funds received are taxable. If a 3<sup>rd</sup> party is to receive a portion of the payment, then the third party must be added as a party to the contract using NC-CCAP-2A (addendum to Cost Share Agreement).
25. Name and address of third party, if applicable. Zip code must be nine digits.
26. Original signature of third party and date signed. All persons who signed the agreement and the contract must also sign the Request for Payment form, regardless of who receives payment.
27. Technical Representative - The person who completes the Request for Payment form and with whom we need to discuss the payment request should sign the technical representative line and date.
28. Signature of Job Approval Authority - Certification of installation approval is required on the NC-CCAP-3. If the individual signing the technical representative line also has installation approval authority then the technical representative should sign both lines. If the technical representative does not have installation approval authority then we must have the signature of the appropriate individual on the job approval authority line or an attached note if other than field office personnel.
29. Original signature of district chair or designee and date. The district chair should always be the last person to sign and date the form.



**I (We) hereby certify that the above practices have been implemented according to the specifications of this program and the planned units of each practice have been completed as shown. I (We) have been provided a copy of the final CPO that includes all BMPs as implemented. I (We) also certify that this request contains no duplication of payment under any other federal or state cost share program.**

APPLICANT [1099 form is issued for \$600 & over]	
PAYMENT DUE \$	Source Code:
PAYMENT DUE \$	Source Code:
SSN:	FED ID#:
NAME: BUSINESS: *ADDRESS:	
SIGNATURE:	DATE:

\*Include nine digit zip code.

\_\_\_\_\_ DATE \_\_\_\_\_  
TECHNICAL REPRESENTATIVE

Pay Entity 16PN Budget Code 24308

\_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF JOB APPROVAL AUTHORITY  
(Required or a note can be attached if other than field office personnel.)

I hereby certify that the above information is accurate and hereby  
approve payment to the applicant(s) in the specified amount.

<b>FOR OFFICE USE ONLY</b>
REMIT CODE/MESSG _____
APPROVED FOR PAYMENT _____
BY _____



RETURN TO: N.C. Division of Soil & Water Conservation

\_\_\_\_\_ DATE \_\_\_\_\_  
DISTRICT CHAIR

INVOICE DATE	INVOICE NUMBER	AMOUNT	DR CR	COMPA NY	ACCOUNT	CENTER	1099 COD E	ACRL CODE
	- - -							
	- - -							



NC DENR N.C. COMMUNITY CONSERVATION ASSISTANCE PROGRAM  
REQUEST FOR PAYMENT

NC-CCAP-3  
(07/07)

AGREEMENT NUMBER

This Request for Payment dated \_\_\_\_\_ for \$\_\_\_\_\_ completes the work to be done under this contract and the remaining fund \$\_\_\_\_\_ are to be returned to the \_\_\_\_ District (current year only) or the \_\_\_\_ State Fund (check one).

BMPs INSTALLED: AS PLANNED \_\_\_\_\_ REVISED \_\_\_\_\_ *Attach revised resource impacts summary (highlight revised impacts)*

BMP ITEM NO.	PARCEL NO.	PRACTICE	PLANNING & DESIGN HOURS	INSTALLATION HOURS	UNITS PLANNED	UNITS COMPLETED	NCCCAP PAYMENT
Please use Yellow Paper				TOTAL			



## INSTRUCTIONS FOR COMPLETING REQUEST FOR PAYMENT (CONTINUATION) (NC-CCAP-3A)

The NC-CCAP-3A form should be used as a continuation sheet for the Request for Payment form as needed. When completing the continuation sheet, refer to instructions used for the Request for Payment form.

NC DENR    N.C. COMMUNITY CONSERVATION ASSISTANCE PROGRAM  
REQUEST FOR PAYMENT  
AGREEMENT NO. \_\_\_\_\_

NC-CCAP-3A  
(07/07)  
PAGE NO. \_\_\_\_\_

BMP ITEM NO.	TAX PARCEL NO.	PRACTICE	PLANNING & DESIGN HOURS	INSTAL- LATION HOURS	UNITS PLANNED	UNITS COMPLETED	NCCCAP PAYMENT
PLEASE USE YELLOW PAPER						TOTAL	



## **INSTRUCTIONS FOR COMPLETING ADDENDUM TO APPLICATION FOR ASSISTANCE (NC-CCAP-1A and NC-CCAP-1B)**

To comply with General Statute 139, supervisor contracts must receive Commission approval on a case-by-case basis prior to approval by the Division. A supervisor serving on the Commission must follow a similar process with final approval from the Secretary of the Department of Environment and Natural Resources.

1. List of best management practices for the contract
2. Contract number
3. Contract amount
4. Score on priority ranking sheet
5. The rank of the application relative to other applications considered at the same meeting.
6. Indication of whether any higher ranked applications were not funded.
7. If answer to 6 is "Yes", explanation why the supervisor's contract was funded instead of the higher ranked application.
8. Name, signature of the supervisor/commission member and date
9. Signature of the board chairperson and date
10. Signature of the SWCC chairperson and date
11. Signature of the DENR Secretary and date (for 1A only)



**ADDENDUM TO APPLICATION FOR ASSISTANCE**

**N.C. COMMUNITY CONSERVATION ASSISTANCE PROGRAM**

As a Soil & Water Conservation Commission member, I have applied for or stand to benefit\* from a grant under the Community Conservation Assistance Program for Nonpoint Source Pollution Control. I did not vote on the approval, or denial, of the application, or attempt to influence the outcome of any action on the application. The proposed grant is for the installation of the following best management practices to improve water quality and/or reduce sedimentation.

Best Management Practices:

---

---

Contract Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

---

Score on priority ranking sheet: \_\_\_\_\_

Relative rank (e.g., ranked 8th out of 12 projects considered): \_\_\_\_\_

Were any higher or equally ranked contracts denied? \_\_\_\_\_

If yes, give an explanation as to why the supervisor's contract was approved over the other contracts: \_\_\_\_\_

---

Supervisor Name: \_\_\_\_\_

\_\_\_\_\_  
(District Supervisor's Signature)

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
(District Chairperson's Signature)

\_\_\_\_\_  
Date

The Soil & Water Commission has approved the subject application for a grant.

\_\_\_\_\_  
(SWCC Chairperson's Signature)  
(Pursuant G.S. 139-8(b)(2))

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
(DENR Secretary's Signature)  
(Pursuant G.S. 139-4(e)(2))

\_\_\_\_\_  
Date

\*Beneficiaries include but are not limited to applicant, landowner, and/or business partners.



## ADDENDUM TO APPLICATION FOR ASSISTANCE N.C. COMMUNITY CONSERVATION ASSISTANCE PROGRAM

As a Soil and Water District Supervisor, for the \_\_\_\_\_ Soil and Water Conservation District, I have applied for, or stand to benefit\* from, a grant under the Community Conservation Assistance Program for Nonpoint Source Pollution Control. I did not vote on the approval or denial of the application or attempt to influence the outcome of any action on the application.

The proposed grant is for the installation of the following best management practices to improve water quality and/or reduce sedimentation.

Best Management Practices:

---

---

Contract Number: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

---

Score on priority ranking sheet: \_\_\_\_\_

Relative Rank (e.g., ranked 8th out of 12 projects considered): \_\_\_\_\_

Were any higher or equally ranked contracts denied? \_\_\_\_\_

If yes, give an explanation as to why the supervisor's contract was approved over the other contracts: \_\_\_\_\_

---

Supervisor Name: \_\_\_\_\_

\_\_\_\_\_  
(District Supervisor's Signature)

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
(District Chairperson's Signature)

\_\_\_\_\_  
Date

The Soil & Water Commission has approved the subject application for a grant.

\_\_\_\_\_  
(SWCC Chairperson's Signature)  
(Pursuant G.S. 139-8(b)(2))

\_\_\_\_\_  
Date

\*Beneficiaries include but are not limited to applicant, landowner, and/or business partners.



## INSTRUCTIONS FOR COMPLETING SPOT CHECK FORM (NC-CCAP-5)

1. District conducting annual spot checks of Community Conservation Assistance Program contracts.
2. Date annual spot check conducted.
3. Total number of CPOs - Total number of contracts under active maintenance agreement
4. Total number of CPOs required to be spot checked by the district board (minimum of 1).
5. Original signature of district chair or designee and date signed.
6. Participants - List supervisors, technical staff and other agency personnel conducting the spot checks. If list of participants changes, indicate any additions/deletions.
7. Agreement number of contract being spot checked.
8. Notes on Operation and Maintenance - Name the BMP being reviewed. Document if BMP is being properly maintained and operated in accordance with the cost share contract. Any non-compliance also should be documented.
9. District chair's or designee's initials and date signed.



## N.C. COMMUNITY CONSERVATION ASSISTANCE PROGRAM ANNUAL SPOT CHECKS

District \_\_\_\_\_

Date \_\_\_\_\_

Total Number of CPOs installed \_\_\_\_\_ x 25% = \_\_\_\_\_  
(CPOs still under active maintenance agreement)

The district is responsible for making an annual spot check of twenty-five percent of **all active contracts** to ensure proper maintenance for these grant funded BMPs. (District is defined by law as the Board of Supervisors, GS 139-3(5).)

The district should randomly choose 25% of all CPOs that are under active maintenance. Maintenance period begins at installation.

\_\_\_\_\_  
SWCD District Chair Signature

\_\_\_\_\_  
Date

Participants:

_____	_____
_____	_____
_____	_____
_____	_____

Agreement Number \_\_\_\_\_

Notes on Operation and Maintenance (O/M) (if participants not as above, list names of additions/deletions): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Agreement Number \_\_\_\_\_

Notes on Operation and Maintenance (O/M) (if participants not as above, list names of additions/deletions): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agreement Number \_\_\_\_\_

Notes on operation and maintenance (O/M) (If participants not as above, list names of additions/deletions): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SWCD District Chair Initials

\_\_\_\_\_  
Date



## BEST MANAGEMENT PRACTICE MAINTENANCE TRANSFER AGREEMENT

This agreement is entered into on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between \_\_\_\_\_ (hereinafter "Buyer") and \_\_\_\_\_ (hereinafter "Seller").

Whereas, Seller owns \_\_\_\_\_.

Whereas, Seller entered into Cost Share Agreement no. \_\_\_\_\_ with the \_\_\_\_\_ Soil and Water Conservation District (hereinafter "the District") on \_\_\_\_\_, 20\_\_\_\_. Seller's obligations under Cost Share Agreement no. \_\_\_\_\_ began on \_\_\_\_\_, \_\_\_\_ and do not end until \_\_\_\_\_, \_\_\_\_\_. (copy of agreement attached)

Whereas, Buyer wishes to purchase \_\_\_\_\_ from Seller. Buyer hereby agrees to assume all of Seller's remaining duties and responsibilities as outlined in Cost Share Agreement no. \_\_\_\_\_. Buyer agrees to maintain and continue the cost shared best management practices for the remainder of the maintenance period. Failure to maintain the practices properly could result in repayment of a pro-rated amount of cost share funds.

Any future transfer of benefited acres will require repayment of cost share funds or an additional maintenance transfer agreement.

Buyer agrees to permit access by District, Division and Commission representatives at reasonable times.

BMPs Installed:

\_\_\_\_\_

Maintenance Expiration Date: \_\_\_\_\_

SIGNED:

\_\_\_\_\_

(Buyer)

(Date)

\_\_\_\_\_

(Seller)

(Date)



## ARE COST SHARE PAYMENTS TAXABLE INCOME?

- (1) The State of North Carolina is required to send a 1099-G form to each person whose total cost share payments for that year total more than \$600.
- (2) Cost share recipients may be able to exclude part or all of the payments received, provided:
  - a. the payment was for a capital expense (see 3 below);
  - b. it did not substantially increase annual income from the property for which it is made;and,
- (3) Cost share recipients cannot exclude any part of a payment for an expense they can deduct in the year they pay or incur it. They must include the payment in income and take any offsetting deduction.
- (4) Cost share recipients should be encouraged to consult a certified public accountant when completing their income tax returns in conjunction with cost share program payments.



## CONTRACT EXCEPTIONS

1. "PENDING" - Many times the division receives contracts, revisions, etc. that are not complete and/or do not fulfill the program requirements. Rather than return these to the district, the division encumbers the monies to the contract and puts it in a hold (pending) status until the division has received the necessary items and/or information required for approval. All pending conditions must be resolved prior to beginning installation. Requests for payment received for BMPs contained in CPOs that are in a pending status will not be honored, will be returned to the district and the items on the request for payment will become ineligible for cost share reimbursement. The district must request the exception from the division prior to beginning installation of any BMP contained in the CPO.
2. Contracts can be submitted before final design has been completed. Installation shall not begin prior to submitting the final design to, and receiving approval from the Division. Until such time as all requirements have been submitted to the division, contracts are held in a pending status; this means that request for payments on Pending CPOs cannot be honored.
3. Districts have the authority to establish limits on a particular BMP based on a programmatic decision. However, a limit must apply across the board and not just for one or two applicants.
4. Remember: A cooperator has until the first Wednesday in June of the third year of the contract to install the planned BMPs. Any remaining funds will be automatically canceled after June 30.



## REVISIONS

Significant changes to BMPs as contracted, substituting BMPs or addition of a new BMP requires division approval prior to installation -- submit a revised NC-CCAP-11.

Minor changes in size, quantity, amount or components of previously approved BMPs do not require prior approval -- indicate change on NC-CCAP-11 and/or NC-CCAP-3 (request for payment). When submitting the request for payment, make appropriate revisions and mark (X) revised on the planned treatment completed line on the NC-CCAP-3. Remember using the same item # means you are replacing the original item # with the one on the request for payment and using an unused item # means you are adding another item to the contract.

Only a current year contract can exceed the original contract amount if you have money in your district account to cover the increase. You cannot increase the total of a prior year contract; you can only revise the BMPs within the contract (see supplements).

Revisions to supervisor contracts **do not** need commission approval on a case-by-case basis prior to approval by the division.



## CANCELLATIONS

1. Cancellation of contracts must be requested by the district chair or his/her board designee. Cancellation of funds from a contract can be handled by one of the following methods:
  - Submit a letter, signed by the district chair or designee, addressed to the Division requesting that the contract(s) be canceled. Be sure to include the agreement number of the contract(s) and the amount(s) of money.
  - or Submit a revised NC-CCAP-11 and NC-CCAP-11A with final total for the contract.
  - or When making the final payment on a contract and the remaining funds are to be canceled, complete the box on the Request for Payment form containing the statement "This R for P dated \_\_\_\_\_ for \$\_\_\_\_\_ completes the work to be done under this contract and the remaining funds \$\_\_\_\_\_ are to be returned to the district (current year only) or the \_\_\_\_ State fund (check one)."
  - or If the cancellation results from the commission's policy requiring 1/3 of the work to be completed in the first 12 months following final approval, submit form NC-CCAP-18 to cancel the contract.
2. Funds canceled from a current year contract will revert to the current year district account. Funds canceled from a prior year contract will revert to the State account.
3. Requests for cancellations cannot be processed between the first Wednesday in June and July 1.
4. If a payment (s) has been made on a contract and the remaining funds will be cancelled, all the applicable BMP effects must be revised and reported to the division to reflect the final implemented BMP(s).
5. At the end of third program year of a contract, all funds remaining in the contract will automatically expire and be canceled to the state account.



## **INSTRUCTIONS FOR COMPLETING NOTICE OF CONTRACT EXPIRATION (NC-CCAP-18)**

Commission policy requires the cooperator to complete at least one-third of the contracted work on the CPO within 12 months of final contract approval. District boards may grant the cooperator up to an additional 6 months to complete one-third of the work. If the cooperator fails to complete the work, then the district must expire the contract and submit form NC-CCAP-18 to the Division. This form must indicate:

1. Contract number
2. Cooperator(s)' name
3. The reason the contract is being canceled.
4. Technical representative signature.
5. District chairperson's signature and date.



NCDENR  
DSWC

NC-CCAP-18  
(5/07)

**NOTICE OF CONTRACT EXPIRATION  
N.C. COMMUNITY CONSERVATION ASSISTANCE PROGRAM**

Contract \_\_\_\_\_ for cooperator \_\_\_\_\_ has expired effective \_\_\_\_\_ due to the cooperator's failure to complete one third of the installation work on the best management practice(s) listed in the CPO within 12 months of the CPO approval date.

\_\_\_\_\_ Cooperator did not request a six month extension on the above-mentioned contract.

\_\_\_\_\_ Cooperator did request but was not granted a six-month extension on the above-mentioned contract.

\_\_\_\_\_ Cooperator did request and was given a six-month extension on the above-mentioned contract. One-third of the installation was not completed before the end of the six-month extension.

\_\_\_\_\_  
(Technical Representative's Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(District Chairperson's Signature)

\_\_\_\_\_  
Date



## SUPPLEMENTS

1. Supplements are used when closing out a prior year contract and there are insufficient funds remaining in the contract to pay the entire cost of the contracted BMPs. Supplements are used to pay overages or minor revisions that occurred during installation. Supplement contracts may be submitted as soon as funds become available, or they may accompany the final payment for the contract.
2. When a contract qualifies for a supplement, you must:
  - a. Submit a request for payment for the original contract, closing the contract out;
  - b. Submit a new NC-CCAP-11 and NC-CCAP-11A for the overages (using a current year agreement number but using the average cost from the program year of the original contract); and
  - c. Submit a request for payment to close out the supplement.
3. **Remember:**
  - a. **Reference original agreement number on the supplement.**
  - b. **You must have enough money in your current year district account to cover the supplement.**
  - c. **Include the hydrologic unit code, latitude, longitude and the district supervisor status.**
4. Supplements cannot be used to increase funds for a contract written with a district limit.
5. A supplement may be written for a contract that exhausted funds in a district's account. Document the amount of additional funds that will be needed on the original contract.
6. Supplements for supervisor contracts **do not** need commission approval on a case by case basis prior to approval by the division.



## REPAIRS

1. If a BMP is destroyed, the applicant must either repair the BMP as agreed in the contract or repay the state a pro-rated amount of the funds received to install the BMP.
  2. If a BMP suffers damages beyond the control of the applicant, repairs are cost shareable under the Community Conservation Assistance Program.
  3. Be sure to state the reason for the need to repair the BMP (on the NC-CCAP-11). Up to 75 percent of the actual cost of the repairs, not to exceed the average costs, may be paid. Invoices should be kept in the contract file in the district office (do not send to division). Repair contracts follow the normal contract approval process.
  4. Procedures for repair contracts:
    - If sufficient funds remain in the contract to be repaired:
      - a. revise NC-CCAP-11;
      - b. and use average costs from the original contract.
    - If insufficient funds remain in the contract to be repaired:
      - a. write a new contract with a new agreement number referencing the original contract;
      - b. use current year average cost;
      - c. submit a NC-CCAP-2, 11, 11A, map/sketch;
      - d. and include hydrologic unit code, latitude, longitude, district supervisor status.
  5. Repair contracts must be limited to a maximum of one (1) year from the date the agreement is given final approval. If repairs are not implemented within that year, the funds encumbered to the repair contract will be canceled to the State Program Account. **In addition, the district must provide documentation explaining why the repair has not been implemented and actions the district has taken with regard to non-compliance rules and policies.**
- Note:** If a repair contract expires prior to installation, the operator is required to immediately refund to the state a pro-rated amount of the cost share monies received for that BMP. The amount to be refunded should be based on the life of the BMP from the date of installation to the date the BMP was found to be in need of repair.
6. Remember - The life of the practice is renewed when the landowner/applicant receives cost share to repair a BMP.
  7. Repairs for supervisor contracts **must receive** commission approval on a case-by-case basis prior to approval by the division.
  8. Note on pro-rated repayment: If a BMP that was repaired using cost share program funds is found out of compliance and not repaired/reimplemented within the allotted time period, a pro-rated repayment of the original cost shared amount (not the repair amount) would be required.



## REFUNDS

1. If destroyed or improperly maintained BMPs are not repaired or re-implemented within the specified time, the applicant shall be required to repay the division for cost shared BMPs. The amount to be repaid is shown in the Prorated Refund Schedule for Noncompliance of cost share payments as listed in the administrative rules. To compute the amount to be repaid, the district should use as the life of the practice the time period between the date of installation and the date that the BMP was found to be in need of repair or reimplementation.
2. Checks are to be made payable to the N.C. Department of Environment and Natural Resources and should be rounded to the nearest dollar.
3. Refunds cannot be processed between the first Wednesday in June and the initial allocation of funds by the commission.
4. Refunded cost share funds are added to the district's current year allocation.



## **STATE MANDATED POLICY REGARDING DISBURSEMENT OF STATE MONIES TO INDIVIDUALS**

State law requires that checks written to individuals be mailed directly to the recipient. To comply with this law, the N.C. Division of Soil and Water Conservation has established procedures that will ensure that districts remain informed with regard to the status of individual NC CCAP payments.

1. Districts will continue to submit requests for payment (NC-CCAP-3) to the division. The division will process and submit the requests for payment to NC DENR's Controller's Office in accordance with existing procedures.
2. NCDENR's Controller's Office will process the requests for payment and checks will be written and mailed directly to the cooperator.



## THE CHECK IS IN THE MAIL

Occasionally, a Community Conservation Assistance Program check may fail to reach the recipient through the U.S. mail or a cooperator may lose a check. The N.C. Office of State Budget requires that the recipient wait sixty (60) days before requesting a replacement check. Standard procedures have been established to resolve the problem and are outlined below.

1. The district should request an affidavit form from the division and have the cooperator complete the affidavit, which states that the cooperator has not received the check.
2. Upon receipt of the affidavit, the division will request that the original check be voided and that a replacement check be written to the cooperator. The budget office will verify that the original check has not been cashed and process the request from the division.
3. Upon receipt of the check from the budget office, the division will follow the normal check procedures (see State Mandated Policy Regarding Disbursements of State Monies to Individuals). The check will be mailed to the cooperator.

Excluding the 60 days the cooperator must wait prior to requesting a replacement check, the replacement check should be mailed to the cooperator within two or three weeks of the time the division receives the completed affidavit.



## **INSTRUCTIONS FOR COMPLETING LIMITED POWER OF ATTORNEY FORMS (NC-CCAP-POA-I and NC-CCAP-POA-C)**

Cost share cooperators and landowners can give another person (the attorney-in-fact) the authority to act on their behalf for specific purposes under the cost share programs by completing in the presence of a notary public the appropriate limited power of attorney form for the N.C. Community Conservation Assistance Program. Individuals awarding power of attorney should complete form NC-CCAP-POA-I, and corporations should complete form NC-CCAP-POA-C. The entity granting power of attorney should include the following information on the form:

1. Name, city, state of the person or corporation granting limited power of attorney
2. Name of the person to whom the limited power of attorney is granted (attorney-in-fact)
3. The specific cost share program activities the attorney-in-fact is authorized to conduct on behalf of the grantor. The grantor should check all activities for which the attorney-in-fact is authorized to act.
4. The name of the Soil and Water Conservation District that must be notified upon termination of the power of attorney and that will retain a copy of the limited power of attorney form.
5. Date and signature of grantor.
6. Signature and date and seal of notary public.

Districts should caution the grantor that actions of the attorney-in-fact authorized with power of attorney are considered legally the actions of the grantor.

The NC CCAP does not recognize power of attorney authorization for other programs (e.g., Forest Service, FSA) or activities.



NC DENR  
DSWC

NC-CCAP-POA-I  
(7/2007)

**STATE OF NORTH CAROLINA LIMITED POWER OF ATTORNEY  
FOR THE N.C. COMMUNITY CONSERVATION ASSISTANCE PROGRAM**

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

KNOW ALL MEN BY THESE PRESENTS, that I, \_\_\_\_\_, the undersigned, of the City of \_\_\_\_\_, County of \_\_\_\_\_, State of North Carolina, 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. Community Conservation Assistance 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 \_\_\_\_\_, 200\_.

\_\_\_\_\_(SEAL)  
Print Name: \_\_\_\_\_  
SSN: \_\_\_\_\_

NORTH CAROLINA  
\_\_\_\_\_ 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



**STATE OF NORTH CAROLINA LIMITED POWER OF ATTORNEY  
FOR THE N.C. COMMUNITY CONSERVATION ASSISTANCE PROGRAM**

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

**KNOW ALL MEN BY THESE PRESENTS**, that \_\_\_\_\_, a North Carolina corporation doing business in and around the City of \_\_\_\_\_, County of \_\_\_\_\_, State of North Carolina, does hereby make, constitute and appoint \_\_\_\_\_, of the City of \_\_\_\_\_, County of \_\_\_\_\_, State of North Carolina, its true and lawful attorney-in-fact for itself and in its name, place and stead, giving unto said \_\_\_\_\_, full power to act in its name, place and stead in any way which it could do by proper action of its corporate officers with respect to participation in the N.C. Community Conservation Assistance 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.

Further said corporation hereby ratifies and affirms any actions that \_\_\_\_\_ shall lawfully do or cause to be done as said attorney in fact with respect to the transaction contemplated herein. 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. Copies of it shall remain on file in the \_\_\_\_\_ Soil and Water Conservation District office and in the office of the North Carolina Division of Soil and Water Conservation. A certified copy of the corporate resolution authorizing this Power of Attorney is attached hereto as "Exhibit A."

This the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

NAME OF CORPORATION,  
a North Carolina corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
EIN: \_\_\_\_\_

(Corporate Seal)

ATTEST:

\_\_\_\_\_  
(Asst.) Secretary

NORTH CAROLINA  
\_\_\_\_\_ COUNTY



I, the undersigned, a Notary Public for said County and State, certify that \_\_\_\_\_, personally came before me this day and acknowledged that (s)he is Secretary of \_\_\_\_\_, a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its \_\_\_\_\_ President, sealed with its corporate seal, and attested by her/himself as its (Asst.) Secretary.

Witness my hand and official seal or stamp, this the \_\_\_\_ day of \_\_\_\_\_, 200\_.

\_\_\_\_\_  
Notary Public  
Stamp/Seal

My Commission Expires: