

**MARYLAND AGRICULTURAL WATER QUALITY COST SHARE PROGRAM
CLAIM FOR PAYMENT**

To be completed with the assistance of the Soil Conservation District						
1) NAME and ADDRESS (of person to receive check)		2) Completion Date (Mo/Day/Yr)		3) AGREEMENT NUMBER		
4) Telephone Number		5) Social Security Number / FID Number			6) Practice Type	
7) Co-Cost shared? If so, which program?		Yes <input type="checkbox"/> No <input type="checkbox"/>				
8) Quantity and Unit	9) Materials / Service	10) Vendor	11) Actual Unit Cost	12) Flat Rate	13) Total Eligible Cost (Less than or equal flat rate)	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
14) Final Eligible cost Including						
15) Final Eligible Cost			87.5%			
16) Co-Cost Sharing Amount If						
17) Eligible State cost Share						
18) Instructions to Participants - Print or type all <i>eligible</i> costs on this statement. If you need more space, use the back of this page. Attach copies of all receipts or unpaid invoices to support the cost share requested. Sign the certification below and submit it to the soil conservation district when this project is completed. All bills must be itemized, show unit costs and be signed by participants.						
19) Participant's Certification - I certify that the Claim for Payment above represents a true and accurate accounting of eligible costs for the installation of the project approved in my cost-share agreement. I hereby request cost-share payment.						
20) Final Cost Effectiveness		Variable Rate		21) Signature of Participant		Date
		Yes <input type="checkbox"/> No <input type="checkbox"/>				
22) If project total above exceeds the total costs show on the Final Cost Estimate Table, Section II of MDA-S-01 by 10% or more, list reason to account for the difference on an attached sheet.						
PERFORMANCE REPORT						
23) Performance Report Extent NRCS #		24) Acres Benefitted		25) SCD CERTIFICATION		
				The project shown in Section II Column 14 of Water Quality Project form has been performed to the extent shown at left and meets program standards. The _____ Soil Conservation District also certifies they have reviewed this Claim for Payment and Approve the costs indicated above.		
				26) Signature (Designated Technician)	Date	26) Signature (Chairman or Designee)
APPROVAL FOR PAYMENT						
28) Approval		29) Payment		34) THE MARYLAND DEPARTMENT OF AGRICULTURE RECOMMENDS NET PAYMENT FOR THIS PROJECT AS SHOWN AT LEFT		
30) Additional Funding Request		31) 2nd Payment		27) Signature		Date
32) Total Monies Received by Applicant Per Farm to date.		33) Total to be Received by Applicant				

