



**Maryland Department of Agriculture
MARYLAND AGRICULTURAL WATER QUALITY COST-SHARE PROGRAM**

POOLING AGREEMENT APPLICATION

District:	Date:	Agreement #:	
SECTION I - APPLICATION – Each Signature below indicates agreement with MDA-MACS Pooling Agreement.			
I, as Designated Agent/Applicant (line 1), certify that each participant whose signature appears below on this Pooling Agreement Application did review the provisions and conditions of the Agreement (attached).			
	Participant Signatures and Printed Names	Address	Social Security or Federal ID #
	% Contribution		
1			
Applicant above, other participants below:			
2			
3			
4			
Initial Estimate of Total Cost		\$	Total % (must =100%)
SECTION II – SCD Signature			
			Date
SECTION III – For State Approval - MDA Signature			
			Date