

**319(h) Residential Septic Financial Assistance
Peter Francisco Soil & Water Conservation District**

Applicant Form

Name: _____

Mailing Address: _____

Physical/Home Address: _____
(If different than mailing address)

Home number: _____ **Cell number:** _____

Work number: _____ **Best daytime phone number?** home cell work

Email address: _____

Are you the owner of the home? yes no

****The homeowner must make the application.****

What is the address of the property for which you are applying for financial assistance?

For which type of project are you applying for financial assistance?

- Septic tank pump out**
- Repair**
- Alternative system installation**

DEQ NPS COST-SHARE PROGRAMS BMP CONTRACT

Part I (of III) – Application for Program

Name of Grantee:	Peter Francisco Soil & Water Conservation District	DEQ Grant Agreement #:	DEQ 17219
Application Number: [Issued by Grantee]	Contract Number: [generated by tracking program-TP]		Application Date:
First Name:	Middle Initial:	Last Name:	
Business/Organization (Farm) Name	VA Fiscal Yr.:		FY2023
TMDL Implementation Plan/Project	Slate River and Rock Island Creek Watersheds		
Address:	City/County:		
State:	Zip code:	S.S. Number or Tax ID:	
Telephone Number:	(H)	(W)	(M)

APPLICANT CERTIFICATION: I understand that applying to participate in any DEQ Nonpoint Source (NPS) cost-share program(s) does not guarantee that any or all of my request will be funded. In the event that all or part of my request is funded, I certify the following: I agree to install and maintain all best management practices (BMP) receiving cost-share through the DEQ NPS Program according to applicable standards and specifications as expressed in either the Department of Conservation and Recreation's (DCR) "Agricultural BMP Cost-Share Manual", or DEQ's "Nonpoint Source Implementation Best Management Practice Guidelines." I understand that my period of responsibility begins with the acceptance of payment and extends through the lifespan of the BMP in accordance with applicable standards and specifications. I understand that the lifespan begins on January 1 of the calendar year following the year of certification of completion. I understand that a BMP is subject to spot check by the funding agency(ies) or their designee throughout the BMP lifespan. I agree to allow funding agency personnel or their designee access to private property under my control for the purpose of evaluation, design, construction and inspection of said BMP(s) from this date forward through the required lifespan of each BMP. I agree to refund to the Grantee identified on this form all or part of the cost-share and/or tax credit I receive if my BMP(s) is/are found not to meet applicable standards and specifications at the time installation, during spot check or if the BMP(s) is/are removed or not properly maintained during the lifespan of the BMP(s). I understand that the sale, lease, or changed use of the property will not exempt me from fulfilling this/these requirement(s). Should the property change ownership or leasehold during the lifespan of the BMP, I agree to complete an agreement transferring responsibility for BMPs (see attached example agreement) signed by all involved parties and submit that signed form to the Grantee identified on this form. I understand I will be held responsible for the operation and maintenance of the BMP(s) for the duration of the BMP lifespan if the above referenced transfer agreement is not completed and submitted to the Grantee. The voluntary participation in this program does not relieve or relinquish me and my property (or farm operation) from compliance with ordinances, laws, and regulations that may exist at any level of government. I agree to allow the release of information related to location and extent of BMPs associated with this contract. I understand that cost-share funds are considered income and that I am responsible for compliance with all tax requirements including requirements of the Internal Revenue Service.

REQUIREMENTS APPLICABLE TO DEQ NPS COST-SHARE PROGRAMS

<input type="checkbox"/>	Agricultural: The DEQ NPS Program has a \$50,000 per applicant per program year (July 1 thru June 30) limit. This limit applies to an individual practice, as well as any aggregation of smaller practices that are DEQ-funded. An exception exists for applicants installing structural practices LE-1T, LE-2T, SL-6, WP-2T that may be approved to receive up to \$70,000 in cost-share funds in any given program year. I certify that I will not accept DEQ NPS Cost-share funds that exceed the applicant limit whether funds are issued by a single SWCD or multiple SWCDs during a program year.
<input checked="" type="checkbox"/>	Residential Septic: The DEQ NPS Program has a baseline of 50% cost-share funding, and can be increased up to 90% based on income eligibility and locality Fiscal stress designation. I understand that I can request that the cost-share payment be made directly to the contractor or technical service provider (TSP) for on-site sewage disposal practices with the exception of septic tank pump-out. I understand that I must complete the "Assignment of On-Site Sewage Disposal Practices Cost-Share Payment Authorization Form" (TSP form) and submit this to the Grantee in order for this to occur. I understand I must submit documentation of my yearly adjusted gross income in order to receive maximum cost-share eligibility (beyond 50%).

Applicant Signature: _____

Date _____

(Signed original to be retained by the Grantee; a copy provided to the participant and a redacted copy provided to DEQ. A completed contract contains Parts I, II, and III and copies of associated documentation. DEQ has provided funding to the Grantee. DEQ is not a party to this contract between the Grantee and the participant.)

DEQ Contract Form #NPS-BMP:

Part I Contract Acknowledgment - DEQ NPS Cost-share Programs BMP Contract

Read and initial on the lines provided, and submit with your application packet.

_____ You agree to maintain (i.e., not remove, damage, or destroy) the septic system from the time you receive payment through the lifespan of the practice. The main concern is keeping vehicles and equipment off of the drainfield and not planting trees on/near the drainfield. If you don't know where your drainfield is located, contact the health department to obtain a drawing of your system. For projects completed in 2019, the lifespan begins January 1, 2020 and continues for 5 years for pump outs and 10 years for repairs and alternative systems.

_____ If damage or destruction of the system occurs, you will be responsible for repairing the system or repaying on a prorated basis the cost-share (financial assistance) funds received.

_____ You agree to give Peter Francisco Soil and Water Conservation District access to your property for site visits periodically over the lifespan of the practice to ensure that the system is still working properly and no damage has occurred. The District will contact you well in advance if we have a spot check scheduled for your practice and will not enter your property without notice.

_____ If property ownership changes before the lifespan of the practice ends, you and the new homeowner will complete a form that transfers responsibility of the practice to the new homeowner. If this form is not submitted, you will remain responsible for the system for the remainder of the lifespan of the practice.

_____ Cost-share funds are considered income. Funds received by participants in the amount of \$600 or greater in a calendar year will be reported to the Internal Revenue Service (IRS) as income, per the Department of Environmental Quality (DEQ) guidelines. For repairs, the applicant may authorize the District to make its payment directly to the contractor, who must submit a W-9 form to the District.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 3%; text-align: center;">-</td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 3%; text-align: center;">-</td> <td style="width: 29%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 3%; text-align: center;">-</td> <td style="width: 67%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Only fill out this sheet if applying for more than 50% assistance. Income documents for all household members ages 18 and older must be submitted to be considered for additional assistance.

**Peter Francisco Soil & Water Conservation District
319(h) Residential Septic Program
Application/Income Eligibility Worksheet**

Applicant's Name: _____

Spouse's Name (if applicable): _____

Marital Status: _____ Married _____ Single

Number of People in Household age 18 or older: _____

Yearly Income for **Household**: _____

***Please list total combined income for all household members ages 18 and older.**

I have submitted the following verification documents (check all that apply):

If you have filed a tax return, you must submit it to the District as income verification.

- Most recent tax return W-2 Social Security statement Pay stubs
- Retirement statement Disability statement Other: _____

Notes or Comments: _____

Signature: I, _____, certify that I have completed this application truthfully and to the best of my knowledge and wish to be considered for assistance for a residential BMP from the Peter Francisco SWCD. I agree to allow appropriate staff to verify the yearly gross household income I have provided above for the purposes of cost-share assistance greater than 50%.

Office Use Only

Income sources and amounts: _____

Amount of cost-share applicant is eligible to receive: _____

Verified by staff: _____

Peter Francisco SWCD – Ph: 434-983-7923

NONPOINT SOURCE COST-SHARE PROGRAM SEPTIC SYSTEM INSPECTION FORM

This form is to be completed at the time of the pump out (RB-1) and/or full inspection and non-permitted repair (RB-3R) by the contractor performing your septic pump out & inspection. **This form must be completed in order for payment to be issued.**

Name of Homeowner:
Address of System Inspection:
Size of Tank:
Notes of Effluent Removed (If applicable):
Condition of Septic Tank (circle one) Good Fair Poor
If poor, please explain:
Condition of Tank Lid & Baffles (circle one) Good Fair Poor
If poor, please explain:
Condition of Distribution Box and Lines (If applicable for repairs. <u>Not applicable for pump outs.</u>) Good Fair Poor
If poor, please explain:
System Recommendation(s):
Repair Needs (If applicable):

Pumper/Contractor Name

Business Name

Pumper/Contractor Signature

Date

*This form is to be submitted with the invoice. Payment for a pump out or associated inspection will not be made without a completed inspection form.