

Maryland Conservation Buffer Initiative Claim For Final Payment

To be completed with the assistance of the Soil Conservation District:

1) NAME and ADDRESS (of check recipient) Name/Farm Name: Name (c/o): Street Address: City/State/Zip:	2) Completion Date (Mo/Day/Yr)	3) Agreement Number:		
	4) Telephone Number:	5) Social Security # / FID #:		
	6) I certify that the Claim for Final Payment below represents a true and accurate accounting of the practice installed and/or improvement approved in my agreement. I hereby request funding.			
	Signature of Applicant:		Date:	
7) Practice Name:	8) Establishment, Improvement, or Existing:	9) Total Acres:	10) Payment Rate:	11) Total Payment:

12) Final Eligible Funding: \$

PERFORMANCE REPORT

13) SCD Certification: The practice(s) shown in Section II, Column 10 of the Maryland Conservation Buffer Application has/have been certified by an MDA representative to meet program standards. The _____ Soil Conservation District also certifies they have reviewed this Claim for Final Payment and approve the amount indicated above.

14) Signature (SCD Manager)	Date

For MDA Use: APPROVAL FOR PAYMENT

15) Approval Signature:	THE MARYLAND DEPARTMENT OF AGRICULTURE RECOMMENDS PAYMENT IN THE AMOUNT SHOWN AT LEFT IN ITEM 17.
16) Monies previously received by Applicant for Agreement Number listed above:	Signature (MDA Representative): _____ Date: _____
17) Final Payment (final eligible funding less monies previously paid):	