|  |
| --- |
|  **[Insert Organization Name]** NONPOINT SOURCE COST-SHARE PROGRAM |
| ASSIGNMENT OF ON-SITE SEWAGE SYSTEM PRACTICES COST-SHARE PAYMENT AUTHORIZATION |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date*)*

 Date

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of participant), do hereby direct the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Grantee) to pay any and all cost-share funds disbursed under the \_\_\_\_\_\_\_ (Practice Code) associated with \_\_\_\_\_\_\_\_ (contract #) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name),

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Business/Organization) for services to connect my household sewage to public sewer.

| **TECHNICAL SERVICE PROVIDOR – or Third-Party recipient** |
| --- |
| Name: |
| Company Name: |
| Address: |
| City/County: |
| Phone Number: |

I understand that requesting the assignment of cost-share funds to a technical service provider or a third-party entity does not relieve me from the responsibility to maintain the BMP(s) per the specficiation at outlined in the above referenced BMP contract.

 Signature (owner of the BMP)

In order for this payment to be made the recipient of the payment must provide a completed Form W-9, Request for Taxpayer Tax Identification and Certification to the Grantee.