

**ASSIGNMENT OF NUTRIENT MANAGEMENT PLAN WRITING AND REVISIONS (NM-1A)
COST-SHARE PAYMENT AUTHORIZATION**

I _____, do hereby direct
Name

the _____ District to pay any and all cost-share funds disbursed under the

NUTRIENT MANAGEMENT PLAN WRITING and REVISIONS (NM-1A) to

_____, of
Name

_____, for
Business

services provided during development of my Nutrient Management Plan. It is further acknowledged that an IRS form 1099 in the amount of the payment will be sent directly to the above identified contractor.

Signature

Date

Neither the local District nor the Virginia Department of Conservation and Recreation (DCR) is providing tax advice; the program participant may wish to consult with an independent tax advisor regarding potential tax consequences.