



**STATE OF MARYLAND DEPARTMENT OF AGRICULTURE
Office of Resource Conservation
AUTHORIZED SIGNATURES FOR
MARYLAND AGRICULTURAL WATER QUALITY COST-SHARE PROGRAM**

These Authorized Signatures made on this _____ day of _____, 20____, by
_____ Soil Conservation District

Authorized District Representative: _____

(Signature)

(Title)

Full Legal Name Printed

Alternate District Representative: _____

(Signature)

(Title)

Full Legal Name Printed

Designated Technician: _____

(Signature)

(Title)

Full Legal Name Printed

Alternate Designated Technician: _____

(Signature)

(Title)

Full Legal Name Printed

We have reviewed the designation of individuals who are authorized to sign Applications, Agreements and Claims for Payment on behalf of the District under the Maryland Agricultural Water Quality Cost-Share Program. The persons currently designated to do so are named above, with their signatures provided.

District Chairman:	_____	_____
	(Signature)	Name (Printed)
Vice - Chairman	_____	_____
	(Signature)	Name (Printed)
Treasurer	_____	_____
	(Signature)	Name (printed)
Member	_____	_____
	(Signature)	Name (printed)
Member	_____	_____
	(Signature)	Name (printed)

NOTE

If an applicant is a district supervisor or district employee, and is applying as either an individual or as a participant under a pooling agreement, he/she ***must not sign*** the forms except in his (her) capacity as an applicant. SCD signatures in such a case must be furnished by alternative SCD supervisors or employees with equivalent authority as follows:

- a. If an applicant is a district supervisor the chairman shall sign instead of the district manager.
- b. If the chairman is the applicant, either the vice-chairman or treasurer shall sign instead of the district manager.
- c. If the applicant is an employee with signature authority, the district chairman shall sign.