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| AD-245 (09-11-95) | U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES | ST. & CO. & C/D | CONTROL NO.(F/Y & NO.) |
|----------------------|---|-----------------|------------------------|

(AD-245 replaces ACP-245 and SIP-245)

| | | | | | | |
|---------------------------|----------|--------------|-----------|-------------------------|-----------------|--------------------------------|
| FARM NO. NAME AND ADDRESS | FARMLAND | PROGRAM CODE | FUND CODE | CONTRACT/LTA & ITEM NO. | PRIMARY PURPOSE | OTHER FARMS / /YES / /No |
| TRACT No. | CROPLAND | | | | | |
| Telephone No. | | | | | | |

DESCRIPTION OF PRACTICE OBJECTIVE

PRACTICE LOCATION

FOR USE BY THE APPROVING OFFICIAL

| Number | Practice Title | Extent Requested | Extent Approved | Rate | C/S Approved | I plan to start the practice |
|---------|----------------|------------------|-----------------|------|--------------|---------------------------------|
| -- A -- | B | C | D | E | F | |
| | | | | | | I plan to complete the practice |

| | | | | | |
|--------------------|-----------------------------------|-----------------------------------|----------------------------|------------------------------|------------------------------|
| CONSERVATION PLAN: | Farm Plan By NRCS / /Yes / /No | Forest Plan By FS / /Yes / /No | Other Plan / /Yes / /No | PARTNERSHIP Joint Venture | / /Yes / /No / /Yes / /No |
|--------------------|-----------------------------------|-----------------------------------|----------------------------|------------------------------|------------------------------|

APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

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|------------|-------|---------------------------|------------------------------|
| SIGNATURE: | DATE: | Estimated \$ C/S Value | C/S Willing \$ to Approve |
|------------|-------|---------------------------|------------------------------|

APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.

| | | |
|----------------------------|-------|--------------------------|
| FOR THE APPROVING OFFICIAL | DATE: | Practice Expiration Date |
|----------------------------|-------|--------------------------|

REMARKS

| | | |
|---|--------------------------|----------------------|
| For SIP and FIP Only: I certify that I / /do / /do not own more 1000 acres of eligible forestland in the United States or any territory or possession of the U.S. | Acres if more than 1,000 | Date Waiver Approved |
| SIGNATURE: | DATE: | |

PARTICIPATION IN USDA PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, OR DISABILITY.

AD-245 (09-11-95) U.S. DEPARTMENT OF AGRICULTURE PRACTICE APPROVAL AND PAYMENT APPLICATION | ST. & CO. & C/D | CONTROL NO. (F/Y & NO.)

(AD-245 replaces ACP-245 and SIP-245)

| | | | | | | | |
|-----------|------------------|----------|--------------|-----------|-------------------------|-----------------|---|
| FARM NO. | NAME AND ADDRESS | FARMLAND | PROGRAM CODE | FUND CODE | CONTRACT/LTA & ITEM NO. | PRIMARY PURPOSE | EXPIRATION NOTICE Practice must be completed and reported by |
| TRACT No. | | CROPLAND | | | | | |
| | Telephone No. | | | | | | ID |

Your request for program cost-sharing to perform the practice shown below is approved for the farm identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify the Approving Official's office in writing at once.

DESCRIPTION OF PRACTICE OBJECTIVE

FOR APPROVING OFFICIAL USE

| Number -- A -- | Practice Title ----- B ----- | Extent Requested ----- C ----- | Extent Approved ----- D ----- | Rate ----- E ----- | Cost-Shares Approved ----- F ----- | Extent Performed ----- G ----- | Cost-Shares Earned ----- H ----- |
|-------------------|---------------------------------|-----------------------------------|----------------------------------|-----------------------|---------------------------------------|-----------------------------------|-------------------------------------|
| | | | | | | | |

INSTRUCTIONS TO PARTICIPANT To receive payment or credit for any cost-shares earned on this practice, report performance in col. G and complete ITEMS X and Y below: date and sign the certification below: and file with the issuing office by the date noted in EXPIRATION NOTICE.

APPROVAL ISSUED BY APPROVING OFFICIAL (FOR SIP) APPROVAL MAILED BY CED | DATE

X. Did you bear all the expense (except for program cost-sharing) for performing this practice? (If No, report name(s) and address(es) of other person(s) or agency who bore any part of the expenses. Also show kind, extent and value of their contribution.)

| | |
|--|--|
| Total Cost-Shares Earned | |
| Payment Advance (Partial Payment) | |
| Is Partic. on FSA Debt Reg.? Y / / N / / | |
| Setoff | |
| Debt Assignment | |
| Net Payment | |

YES /_/_ NO /_/_

Y. During the current fiscal year Oct. 1 - Sep. 30, have you received or will you receive a cost-share payment under the same program on this or any other farm other than through this AD-245? (If yes, report State, County, and amount by farm).

| | |
|--|--|
| Payment Approved (initials) (For SIP) C/S Earned Approved By/Date | ACH/Check Number (For SIP) Calc. Verif. By/Date |
|--|--|

YES /_/_ NO /_/_

CERTIFICATION BY PARTICIPANT I certify that the above information is true and correct. I further certify that the entry in Column G shows that the practice was performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the Approving Official has determined that the practice has been performed and further certify that this payment is not a duplicate of any other earned by me. I agree to maintain this practice for at least ___ years following the year the practice is completed. I agree to refund all or part of the cost-share assistance paid to me, as determined by the Approving Official, if before expiration of the practice lifespan specified above, I (a) destroy the practice installed, or (b) voluntarily relinquish control or title to the land on which the installed practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its specified lifespan. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein and with this page constitutes the entire agreement between the parties.

SIGNATURE:

DATE:

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U.S. DEPARTMENT OF AGRICULTURE

FORM AD-245 ATTACHMENT
(PRIVACY ACT, PUBLIC BURDEN,
COMPLIANCE AND PENALTY STATEMENT)

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The information is necessary to monitor participation in USDA cost-share programs. Information provided on AD-245, Request of Cost-Shares/Practice Approval/Payment Application may be furnished to other USDA agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to orders of a court magistrate or administrative tribunal. Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction (OMB No. 0560-0082), Washington, D.C. 20503.

COMPLIANCE AND PENALTY STATEMENT

The program for which this cost-share application is being completed is listed under the PROGRAM CODE on pages 1 and 2. No monies or benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations and unless there is full compliance with all terms and conditions of the provisions of existing law and regulations and any agreements executed with respect to that program by the participant in the program.

The basic program regulations which apply to the cost-share programs are the subject of this agreement and incorporated herein by reference:

for SIP at 36 CFR Part 230.
for ACP at 7 CFR Part 701.
for FIP at 7 CFR Part 701.
for CRP at 7 CFR Parts 704 and 1410.
for MYCS at 7 CFR Part 1413.

(For other programs inquire where the application is submitted.)

There may also be other regulations that apply. Any fraudulent claims made hereunder may subject the applicant to Federal criminal and civil penalties as provided for in USC 207, 1001, and 31 USC 231.

In the event of a conflict between these or other regulations and the terms of this contract, the provisions of the regulations will prevail.

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