

Example of AD-245, Page 1

A Description

The following is a description of data on AD-245, page 1.

Note: See subparagraph B for an example of AD-245, page 1.

Item	Description
ST. & CO. & C/D	The State, county, and check digit code are selected and printed by the system based on the County Office selected.
Control No.	The control number is assigned and printed by the system when AD-245 is created. The control number contains FY as the first 2 digits and a sequential number as the next 4 digits.
Farm No., Tract No., Name and Address, and Telephone No.	<p>The farm number must be on the farm maintenance file and the tract must be associated with the farm. Name, address, and telephone number are obtained and printed by the system from the name and address file.</p> <p>Note: If AD-245 is for P-A, the P-A number will be in the "Farm No." field and the "Tract No." field will be blank.</p>
Farmland and Cropland	The farmland and cropland acres are obtained and printed by the system from the farm maintenance file.
Program Code	Program must be eligible on the County Eligibility Table. See Part 2. The program code is printed based on the code entered for AD-245.
Fund Code	Fund code must be eligible on the County Eligibility Table. See Part 2. The fund code is printed based on the code entered for AD-245. Fund code is only applicable for ACP.

Example of AD-245, Page 1 (Continued)

A Description (Continued)

Item	Description
Contract/LTA & Item No.	If the program code is ACP-LTA, ACP-ELT, or CRP, a contract or agreement number must be entered. The number is printed based on the contract or agreement number entered for AD-245. Contract approval must have been recorded according to Part 8, Section 3, except for CRP. An item number is not printed by the system. County Offices can manually enter the item number from CPO.
Primary Purpose	Primary purpose for the practice is printed based on the code entered for AD-245.
Other Farms	“Y” is checked if producer has other farms in this county or other counties. If this is the producers only farm, “N” is checked.
Description of Practice Objective	The descriptive narrative of the practice objective is printed based on the entry made for AD-245. Description can be no more than 100 characters.
Practice Location	The descriptive narrative of the practice location is printed based on the entry made for AD-245. Description can be no more than 50 characters.
Column A	This agency’s practice code is printed on the first line and up to 6 component codes are printed on the second through seventh lines. This agency’s practice and component codes must be eligible on the County Eligibility Table. See Part 2. If the technician adds a component at needs determination on AD-862, manually add the component to the original AD-245, page 1, and enter in the system according to Part 5, Section 2.

Example of AD-245, Page 1 (Continued)

A Description (Continued)

Item	Description
Column B	This agency's practice title is printed on the first line and up to 6 component titles are printed on the second through seventh lines. Titles must match codes entered in column A as applicable on the County Eligibility Table. If the technician adds a component at needs determination on AD-862, manually add the component to the original AD-245, page 1, and enter in the system according to Part 5, Section 2.
Column C	The extent requested is an estimate provided by the producer and printed by practice and component based on extent entered for AD-245. Ensure the extents are in the units displayed for the practice and components.
Column D	COC shall manually enter the extent to be approved for the practice and each component. This column is to be completed with COC issued final approval. This amount is entered in the system according to Part 5, Section 4.
Column E	The rate or C/S level for each component is printed by the system based on what was entered for the component on the County Eligibility Table. See Part 2. If a rate and C/S level are entered on the County Eligibility Table for a component, the rate is printed in this column.
Column F	COC shall manually enter the C/S amount approved for the practice and each component. On the first line, enter the total amount approved for the practice. On the second through seventh lines, enter the amount approved for each component. The total for the components must equal the practice line amount. Amounts must be in whole dollars. This column is completed when COC issues final approval. This amount is entered in the system according to Part 5, Section 4.

Example of AD-245, Page 1 (Continued)

A Description (Continued)

Item	Description
I Plan to Start the Practice (Practice to Begin Date)	The date the practice will be started is provided by the producer and is printed based on the date entered for AD-245. The date must be in MMDDCCYY format.
I Plan to Complete the Practice (Practice Completion Date)	The date the practice will be completed is provided by the producer and is printed based on the date entered for AD-245. The date must be in MMDDCCYY format.
Conservation Plan	“Y” or “N” is checked if the producer indicates that the farm has a plan developed. “Y” or “N” will be checked in 1 or more of the plans (“For Farm by NRCS”, “Forest Management Plan by FS”, or “Other”) and printed based on entry for AD-245. One plan must be checked “Y” if program is LTA.
Partnership or Joint Venture	“Y” shall be checked if a partnership or joint venture will receive C/S payments for AD-245. “Y” or “N” is checked based on entry for AD-245. See applicable person determination handbook.
Applicants Request and Signature	When all initial data are entered in the system, print AD-245, page 1 and obtain the producer’s signature and date for the request. If request was informally accepted in person or by telephone, the person who accepted the request shall enter the date the informal request was accepted and initial the entry. For informal requests, the producer’s signature must be obtained as soon as possible. Ensure that the producer reviews the applicants request statement before signing.

Example of AD-245, Page 1 (Continued)

A Description (Continued)

Item	Description
Estimated C/S Value	The estimated C/S value is printed based on the requested amount in column C and the rate or C/S level in column E. This is the amount entered for AD-245. This amount must be present before COC makes a willing to approve determination for the practice. If a component is added in columns A and B by the technician, manually mark through the original estimated C/S amount and enter a new estimated C/S amount. The estimated C/S amount will be used to compute figures on the Report to COC on Applications Pending Approval for ACP-ANA.
C/S Willing to Approve	COC shall manually enter the amount they are willing to approve and initial and date. This information is required to refer a practice to a technical service provider for needs determination data. AD-862 for ANA's cannot be created unless COC is willing to refer a practice for needs determination data to a technical service provider. See 1-ACP for criteria for COC willing to approve determination.
Final Approval for COC	A member of COC must sign and date to issue final approval. This is approval for the amounts that COC manually entered in columns D and F.
Practice Expiration Date	COC shall manually enter a date that the practice must be completed and reported. This date must be after COC approval date.
Remarks	COC shall manually enter the referral expires date and any other pertinent information for the request in the remarks section.

Example of AD-245, Page 1 (Continued)

B Example

The following is an example of AD-245, page 1.

Note: See subparagraph A for a description of the data on AD-245, page 1.

Page 1		FORM APPROVED OMB NO. 0360-0082	
AD-245 (09-11-95)		U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES	
(AD-245 replaces ACP-245 and SIP-245)		ST. & CO. & C/D 22 069 0	
		CONTROL NO. (F/Y & NO.) 95 0002	
FARM NO. 2519	NAME AND ADDRESS JOHNNY SMITH RR 2 BOX 353 SALINE, LA 71070-9459	FARMLAND 187.0	PROGRAM CODE ACP-ANA
TRACT No. 931	Telephone No.	CROPLAND 96.2	FUND CODE 00
			CONTRACT/LTA & ITEM NO.
			PRIMARY PURPOSE EROSION
			OTHER FARMS /X/YES / / No
DESCRIPTION OF PRACTICE OBJECTIVE EROSION PROBLEM CAUSED BY UNEVEN DISTRIBUTION OF GRAZING PRACTICE LOCATION N-3			
FOR USE BY THE APPROVING OFFICIAL			
Number	Practice Title	Extent Requested	Extent Approved
A	B	C	D
SL6	Grazing land protection (AS/No)	80.0	80.0
EW	EARTH WORK	1500.0	1450.0
PL6	PIPELINE 6" AND FIXTURES	125.0	130.0
FN4	FENCING 4 STRAND WIRE	10.0	10.0
SM3	Seed mixture #3 (Nature)	.5	.5
			Rate
			E
			60%
			C/S Approved
			F
			2450
			1450
			845
			125
			30
			I plan to start the practice 06-01-95
			I plan to complete the practice 10-15-95
CONSERVATION PLAN: Farm Plan By NRCS /X/Yes / /No Forest Plan By FS / /Yes /X/No Other Plan / /Yes /X/No PARTNERSHIP / /Yes /X/No Joint Venture / /Yes /X/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.			
SIGNATURE:	DATE:	Estimated \$	C/S Willing to Approve
<i>Johnny Smith</i>	<i>4/13/95</i>	<i>2450</i>	<i>2468</i>
		C/S Value	DATE
		<i>2408</i>	<i>COC 4/15/95</i>
APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK E above for this practice.			
FOR THE APPROVING OFFICIAL	DATE:	Practice Expiration Date	
<i>COC Chairperson</i>	<i>5/15/95</i>	<i>9/18/95</i>	
REMARKS			
<i>Referral Expires 5/15/95</i>			
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.			
SIGNATURE:	DATE:	Acres if more than 1,000	Date Waiver Approved
PARTICIPATION IN USDA PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, OR DISABILITY.			

Example of AD-245, Page 2 (Continued)

2 Example of Recording a Final Payment on AD-245, Page 2

A Description

The following is a description of data when recording a final payment on AD-245, page 2.

Note: See subparagraph B for an example of AD-245, page 2 with a final payment recorded.

Item	Description
	Most of the entries in regular type are printed by the system based on data previously recorded for AD-245, page 1 and AD-245, page 2, if a partial payment was previously recorded.
Expiration Notice	This date is printed based on the date entered from AD-245, page 1. This is the date by which the practice must be completed and performance reported.
ID	The producer's ID number is printed based on the first producer entered for AD-245, page 1. The ID number is obtained from the name and address file.
Column G	This column is completed when the practice or component is completed. Manually enter the extent performed. The producer enters the following: <ul style="list-style-type: none"> • performance amount • "Yes", if the extent performed shall be obtained from the technical service provider.
Column H	This column is completed when payment is issued for final performance. COC shall manually enter C/S earned amount for the practice and each component. <ul style="list-style-type: none"> • On the first line, enter the total amount earned for the entire practice, which is the total of the amount earned for each component that is cost-shared on, including previous amounts paid for partial payments. • On the second through seventh lines, enter the amount earned for each component. • The total for the components must equal the practice line amount.

Example of AD-245, Page 2 (Continued)

2 Example of Recording a Final Payment on AD-245, Page 2 (Continued)

A Description (Continued)

Item	Description
Component Code Footnotes	These footnotes are printed based on the rate, C/S level, or both for the component entered on the County Eligibility Table.
Approval Issued by Approving Official	COC's representative shall sign and date when AD-245, page 2 is sent to the producer to inform of final approval or inform of additional components to be completed after a partial payment has been issued.
Instructions to Participant	When performance is reported, the participant shall read this section and answer items X and Y.
Certification by Participant	When performance is reported, the participant shall read this section and sign and date when making application for payment of the practice.
Lifespan years	<p>The lifespan years are printed based on the lifespan date entered on the County Eligibility Table for the practice, except CRP practices.</p> <p>For CRP practices:</p> <ul style="list-style-type: none"> • the lifespan is to the end of the contract or easement period • manually enter the lifespan years.
Total Cost-Shares Earned	Manually enter the total C/S earned from column H. This is the total C/S earned amount for the entire practice including previous partial payment amounts.
Payment Advance (Partial Payment)	Manually enter the amount that was issued for partial payment from column H on a previous AD-245, page 2 for the same control number.

Example of AD-245, Page 2 (Continued)

2 Example of Recording a Final Payment on AD-245, Page 2 (Continued)

A Description (Continued)

Item	Description
Is Partic. on FSA Debt Reg.? Y // N //	<p>For use with NRCS administered programs only. If NRCS provides AD-245, page 2 for a participant in 1 of NRCS' C/S programs, and requests certification as to whether that participant is listed on this agency's debt record, check FSA-604 or other debt record used.</p> <p>If the participant is:</p> <ul style="list-style-type: none"> • on this agency's debt record, check the "Y" block • not on this agency's debt record, check the "N" block. <p>Initial and date the certification and return AD-245 to NRCS.</p>
Setoff	Manually enter the amount of setoff.
Debt Assignment	Manually enter the amount of the assignment and the name of the person receiving the assigned payment.
Net Payment	Manually enter the amount that the producer will be issued for payment. This is the partial payment amount, setoff amount, and debt assignment amount, subtracted from the total C/S' earned amount.
Payment Approved	COC, or representative, must review AD-245, page 2 and any applicable invoices to ensure that payment calculations are correct and review payment information to ensure that producer data, program data, and C/S earned amount are correct. After all applicable documents are verified, COC, or representative, shall initial and date. This must be completed before payment is mailed to the producer.
Check Number	Enter payment number for all producers. If additional room is needed, attach a separate sheet of paper to AD-245, page 2.

Example of AD-245, Page 2 (Continued)

2 Example of Recording a Final Payment on AD-245, Page 2 (Continued)

B Example

The following is an example of AD-245, page 2 for a final payment.

Note: See subparagraph A for a description of data on AD-245, page 2 for a final payment.

Page 2 FORM APPROVED
OMB NO. 0550-0082

AD-245 (09-11-95) U.S. DEPARTMENT OF AGRICULTURE PRACTICE APPROVAL AND PAYMENT APPLICATION ST. & CO. & C/O 22 069 0 CONTROL NO. (F/Y & NO.) 95 0002

(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
2519	JOHNNY SMITH RR 2 BOX 353	187.0					Practice must be completed and reported by 09-18-95
TRACT No. 931	SALINE, LA 71070-9459	CROPLAND 96.2	ACP-ANA	00		EROSION	
Telephone No.							ID 433 58 8776 S

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
EROSION PROBLEM CAUSED BY UNEVEN DISTRIBUTION OF GRAZING

FOR APPROVING OFFICIAL USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
A	B	C	D	E	F	G	H
SL6	Grazing land protection (AS/No)	80.0	80.0		2450*		2305 2150
EW	EARTH WORK	1500.0	1450.0	1.000	1450	1450.0	1450
PL6	PIPELINE 6" AND FIXTURES	125.0	130.0	6.500	845	130.0	700
FN4	FENCING 4 STRAND WIRE	10.0	10.0	12.500	125	10.0	125
SM3	SEED MIXTURE #3 (MATURE)	.5	.5	60X	30	.5	30

* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount
 EU - 60X of cost not to exceed rate in column E. PL6 - 60X of cost not to exceed rate in column E.
 FN4 - Flat rate. SM3 - 60X of cost not to exceed amount in column F.

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 7/21/95

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 2305
 Payment Advance (Partial Payment) 2150
 Is Partic. on FSA Debt Res.? Y / / N / /
 Setoff
 Debt Assignment
 Net Payment 155

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) CED 7/21/95 Check Number 55552552
 (For SIP) E/S Earned Approved By/Date (For SIP) Calc. Verif. By/Date

2150
 Natchitoches, LA YES NO / /

CERTIFICATION BY PARTICIPANT I certify that the above information is true and correct. I further certify that the entry in Column B 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 10 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: Johnny Smith DATE: 7/20/95

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