

PRACTICE APPROVAL AND PAYMENT APPLICATION Information is needed from the Conservation Plan Schedule of Operations to complete this form. Penalty for false statement or entries.	Participant <decision maker participant name>	Program and Contract Number <program> <tier> <contract number>
	County and State <contract state>, <contract county>	Fund Code <contract fund code>
	Watershed <contract watershed>	Payment Application Number <payment application number>

1. CONSERVATION PRACTICES PERFORMED

Contract Item	Practice	Inspection Date	Practice Completion	Planned Amount	Applied Amount	Units	Cost Per Unit	Cost Share % Method	Payment Cap	Amount Earned
<item>	< name of contract item practice ID > (<code>)	99/99/9999	Completed	999,999.99	999,999.99	1234567890	\$99999.99	50% AC	\$999,999.99	\$999,999.99
<item>	< name of contract item practice ID > (<code>)	99/99/9999	Partial	999,999.99	999,999.99	1234567890	\$99999.99	50% AC	\$999,999.99	\$999,999.99

Total **\$999,999.99**

Notes <foot note number> <CIN> <foot note text>

Practice Certification Practice(s) performed to the extent shown above and meets program requirements. If the practice(s) does (do) not meet practice specifications, or if additional work is required, see explanation in Performance Report below. <input type="checkbox"/> yes/no		
Performance Report <contract item> <contract item performance report>	Certification By <name> USDA electronic signature; manual signature not required	Date 99/99/9999

2. PARTICIPANT CERTIFICATION AND SIGNATURE

CERTIFICATION BY PARTICIPANT(s): I certify that the above information is true and correct. I further certify that the entry in Column Practice Extent and Units shows that the practice(s) was (were) performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the NRCS Approving Official has determined that the practice(s) has (have) been performed and further certify that this payment is not a duplicate of any other earned by me. I agree to maintain this (these) practice(s) for at least the practice service life beginning with the date the practice was completed. I agree to refund all or part of the cost-share/incentive assistance paid to me, as determined by the NRCS Approving Official, if before expiration of the practice service life, I (a) destroy the practice installed, or (b) voluntarily relinquish control or life to the land on which the installed practice has been established and the new owner and/or operator of the and does not agree in writing to properly maintain the practice for the remainder of its specified lifespan.

PARTIAL COMPLETION: I understand that the practice(s) identified is (are) not fully completed and requires (require) some additional work. I hereby certify that I will complete the practice(s) by the following date(s), otherwise I will be responsible for returning cost-shares already received.
 <CIN> <revised completion year>

Participant Name, Address, Telephone <contract participant name> <contract participant address> <contract participant city, state, zip> <contract participant telephone>	Signature
	Date

3. NRCS APPROVING OFFICIAL CERTIFICATION

Pursuant to authority vested in me, I certify that the items listed herein are correct and hereby approved for payment from the fund designated on supporting data records

NRCS Approving Official <approver name> USDA electronic signature; manual signature not required	Date 99/99/9999
---	---------------------------

PRACTICE APPROVAL AND PAYMENT APPLICATION Information is needed from the Conservation Plan Schedule of Operations to complete this form. Penalty for false statement or entries.	Participant <decision maker participant name>	Program and Contract Number <program> <tier> <contract number>
	County and State <contract state>, <contract county>	Fund Code <contract fund code>
	Watershed <contract watershed>	Payment Application Number <payment application number>

4. PAYMENT SUMMARY

Participants with 0% payment shares are not listed.

Participant	SSN or Tax ID	Account	Payment Percent	Payment Amount
<contract participant name>	****<last 4 digits SSN>	****<account>		\$999,999.99
Total			100%	\$999,999.99

5. PAYMENT ASSIGNMENTS

Participants with active payment assignments are listed below.

Participant <assignor participant name>	Assignment Amount <assignment amount>	Assignment Balance <assignment balance>
Assignee Name and Address <assignee name> <assignee address> <assignee city> <state> <zip>	Assignee Account ****<account>	

OMB DISCLOSURE STATEMENT

According to the Paper Work Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0578-0013. The time required to complete this information collection is estimated to average 0.69 hours 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.

PRIVACY ACT STATEMENT

The above statements are made in accordance with the Privacy Act of 1974 (U.S.C. 522a). Furnishing this information is voluntary; however, failure to furnish correct, complete information will result in the withholding or withdrawal of such technical or financial assistance. The information may be furnished to other USDA agencies, the Internal Revenue Service, the Department of Justice, or other state or federal law enforcement agencies, or in response to orders of a court, magistrate, or administrative tribunal.

NONDISCRIMINATION STATEMENT

The United States Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964.