

<b>AD-245B</b> (Proposal 3)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency		1A. State Code	1B. County Code
	2. AD-245 Control Number			
	3. Farm Number			
<b>ADDENDUM TO AD-245 TO CERTIFY TO RECONCILIATION OF PAYMENTS</b>				

**4. CERTIFICATION STATEMENT**

This AD-245-B Addendum is entered into by the Farm Service Agency (FSA) and the undersigned producer(s) who have enrolled into the Emergency Conservation Program (ECP) under the AD-245, listed in Item 2, above.

By signing this AD-245 Addendum, the producer(s) and FSA understand and agree that:

- the current ECP cost share automated system temporarily reads producer eligibility information for fiscal year 2008 (October 1, 2007 to September 30, 2008)
- FSA intends to update the automated system, which stores eligibility information, to include information for the current fiscal year, and all ECP payments will be reconciled to ensure that eligibility requirements were met at the time of payment. After reconciliation is complete, the producer(s) may receive additional payment(s), owe funds to FSA, or no adjustment may be necessary.
- For ECP AD-245s approved prior to October 1, 2008, the same eligibility requirements that applied in fiscal year 2008, will be applied for the current fiscal year.
- For ECP AD-245s approved on or after October 1, 2008, the eligibility requirements and provisions for payment eligibility/actively engaged, direct attribution and adjusted gross income of the Food Security Act of 1985, as amended by the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246), will be applied.
- Producer(s) may be required to return all or part of the payment amount if the eligibility information demonstrates that the producer was ineligible to receive such payment at the time of payment
- Producer(s) may receive additional payment if the producer(s) did not meet eligibility requirements in fiscal year 2008 but thereafter meet eligibility requirements for the current fiscal year

**It is so agreed and understood.**

5A. Producer's Signature (By)	5B. Title/Relationship ( <i>Individual Signing in the representative capacity</i> )	6. Date (MM-DD-YYYY)
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7A. Signature of CCC Representative	7B. Date (MM-DD-YYYY)	7C. County FSA Office Name and Address ( <i>Including ZIP Code</i> ) Telephone No. ( <i>Including Area Code</i> ):
<p><b>NOTE:</b> The primary authority for requesting and safeguarding the information described on this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). Additionally, the authority for requesting this information is 7 CFR Part 1400 and 7 CFR Part 701. The information requested is necessary for AD-245 payment. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for certain program benefits and other financial assistance administered by USDA. The information collected as a result of this form may be released to USDA employees, USDA contractors, or authorized USDA cooperators who are bound to safeguard the information under Section 1619 of the Food, Conservation and Energy Act, the Privacy Act of 1974, the E-Government Act of 2002, and related authorities. This information collection is exempted from the Paperwork Reduction Act, as it is required for administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F - Administration). The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714; and 31 USC 3729, may be applicable to the information provided. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b></p>		

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