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| <b>AD-1026D</b><br>(05-15-02)   | <b>UNITED STATES DEPARTMENT OF AGRICULTURE</b><br>Farm Service Agency | 1A. STATE NAME | 1B. COUNTY NAME |
| <b>RELIEF FOR UNDUE ECONOMIC HARDSHIP REQUEST HIGHLY ERODIBLE LAND CONSERVATION</b> |   |                |                 |

**NOTE:** The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information to be supplied on this form is the Food Security Act of 1985, Pub. L. 99-198, and regulations promulgated under the Act (7 CFR Part 12). The information will be used to determine whether application of a conservation will cause undue economic hardship. Furnishing the requested information is voluntary, however, failure to furnish the correct, complete information may result in denial of relief requested due to undue economic hardship. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork 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 0560-0185. The time required to complete this information collection is estimated to average 15 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. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

**PART A - PRODUCER INFORMATION**

|  |                          |                  |
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| 2. NAME AND ADDRESS OF LANDLORD OR LANDOWNER (Including Zip Code):<br><br><br><br><br><br><br><br><br><br>Telephone No. (Including Area Code): | 3. IDENTIFICATION NUMBER | 4. FARM NUMBER   |
|  | 5A. TRACT NUMBER         | 5B. FIELD NUMBER |
|  | 6. CROP YEAR             |                  |

**PART B - PRODUCER REQUEST FOR UNDUE ECONOMIC HARDSHIP DETERMINATION**

7. State the reasons that application of a conservation system according to the specifications determined by NRCS would impose an undue economic hardship. Include all pertinent information to be considered, such as the cost of installation of the required conservation practices, efforts to obtain cost-share, benefits to be earned through programs subject to compliance, and general economic situation. The request must be in writing and signed and dated by the affected producer. The request may be made on a separate sheet, signed and dated, and attached to this application. Include copies of any documents that would support a finding that application of the conservation requirements would impose an undue economic hardship and relief requested to avoid the hardship.

**Note: The relief determination shall apply only for the crop year and fields identified in Part A. Application for relief shall be requested annually.**

|                           |                       |                                       |
|---------------------------|-----------------------|---------------------------------------|
| 8A. SIGNATURE OF PRODUCER | 8B. DATE (MM-DD-YYYY) | 9. DATE REFERRED TO NRCS (MM-DD-YYYY) |
|---------------------------|-----------------------|---------------------------------------|

**PART C - TO BE COMPLETED BY NRCS**

10. Describe in detail the practices required, estimated cost, suggested alternatives, cost share assistance available for the practices, and any other information that NRCS or the Conservation District may have to assist the Committee in making a recommendation or determination. The information may be provided on a separate sheet, signed and dated, and attached to this application.

|                                       |                        |                                       |
|---------------------------------------|------------------------|---------------------------------------|
| 11A. SIGNATURE OF NRCS REPRESENTATIVE | 11B. DATE (MM-DD-YYYY) | 12. DATE REFERRED TO FSA (MM-DD-YYYY) |
|---------------------------------------|------------------------|---------------------------------------|

**PART D - TO BE COMPLETED BY THE COUNTY COMMITTEE**

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| 13. Estimated cost of the practices that the producer affirms would cause undue economic hardship.      è      \$ _____ | 14. Approximate amount of USDA benefits the producer expects to earn if compliance requirements are met.      è      \$ _____ |
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15. Based on information provided by the producer, information provided by NRCS, and the County Committee's knowledge of the producer's operation, describe in detail the County Committee's recommendation and extent of relief to avoid the hardship, if any, and reasons for the recommendation to the State Committee.

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|---|------------------------|---|
| 16A. SIGNATURE OF COUNTY COMMITTEE REPRESENTATIVE | 16B. DATE (MM-DD-YYYY) | 17. DATE REFERRED TO STATE COMMITTEE (MM-DD-YYYY) |
|---|------------------------|---|

**PART E - TO BE COMPLETED BY STATE COMMITTEE**

18. Based on information provided, and any other information deemed necessary to make a determination, describe in detail the State Committee's determination, extent of relief, if any, and the reasons for the determination.

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| 19A. SIGNATURE OF STATE COMMITTEE REPRESENTATIVE | 19B. DATE (MM-DD-YYYY)                             |
| 20. DATE PRODUCER WAS NOTIFIED (MM-DD-YYYY)      | 21. DATE REFERRED TO COUNTY COMMITTEE (MM-DD-YYYY) |

**PART F - TO BE COMPLETED BY FSA COUNTY OFFICE**

22. Date NRCS was provided a copy of AD-1026D and related documents: (MM-DD-YYYY)

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