This form is available electronically. Form Approved - OMB No. XXXX-X											No. XXXX-XXXX			
FSA-848A-1 U.S. DEPARTMENT OF AGRICULTURE														
(proposal 7) Farm Service Agency														
	CONTINUATION SHEET FOR COST-SHARE AGREEMENT													
NOTE: 7	NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 701, 7 CFR Part 1410, and the Food, Conservation, and Energy Act of 2008													
((Pub. L. 110-246). The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However,													
f	authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.													
	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													
, c	collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 8 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.													
By signing this form, the Participant acknowledges and understands that any false representation or claims are subject to civil and criminal penalties including, but not limited to those under 18 U.S.C. 1001. I. AGREEMENT INFORMATION EMERGENCY PROGRAMS ONLY														
		Program Yea		D. Agree	greement Number E.		E. Contract ID	E. Contract ID			F. Disaster ID			
2. PRACT	ICES APPR	OVED												
A. Farm No.	B. Troot No	C. Field No.	D. Practice Control No.	E.	F.	G. Practice Units	H. Practice Extent	l. Drastias	J.	K.	L.			
Farm No.	Tract No.	Field No.	Practice Control No.	Program Accounting	Fund Code	Practice Units	Approved	Practice Expiration	Practice Life Span	Approved Cost-Share Rate and Type	Approved Cost-Share			
				Code				Date	•	,,				
3. COMPO														
A. B. C. Farm No. Tract No. Field N		C. Field No.	D. Practice Control No.	E. Component	E. F. Component Title			G. H. Component Units Compo		I. Approved Cost-Share	J. Approved			
Fallino. Hacino.				No.			Exten			Rate and Type	Cost-Share			
									Approved					
4. REMARKS														

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, previde and individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of Discrimination, write to USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 845-6136 (Spanish) or (800) 877-8339 (TDD) or (866) 377-8642 (Federal-relay). USDA is an equal opportunity provider and employer.

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5. AGREEMENT						EMERGENCY PROGRAMS ONLY		
A. Program Code	B. Program Year	C. ST. & CO. 0	Code	D. Agreement Number	E. Contract ID	F. Disaster ID		
Your request for pr practice expiration	date(s). To receive pa	perform the pract syment or credit fo	r any cost-shares ec	rned on these practice(s), report	ed above. By signing below, you agree to comple performance on the FSA-848B and file with the iss	ete the specified practice(s) and compon suing office by the practice expiration d	ents on or before the ate(s) listed above. If you	
	<u>rm this practice, or if y</u> ame, Address and Tele		te it by the practice (2) (2) Signature (By)	expiration date, please notify the A	Approving Official's office in writing at once.	If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)	
							(+) Date (************************************	
B(1) Participant's N	ame, Address and Tele	phone Number	(2) Signature (By)		(3) Title/Relationship of the Individual I	If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)	
C(1) Participant's N	ame, Address and Tele	phone Number	(2) Signature (By)		(3) Title/Relationship of the Individual I	If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)	
D(1) Participant's N	ame, Address and Tele	phone Number	(2) Signature (By)		(3) Title/Relationship of the Individual I	If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)	
E(1) Participant's N	ame, Address and Tele	phone Number	(2) Signature (By)		(3) Title/Relationship of the Individual	If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)	
F(1) Participant's N	ame, Address and Tele	phone Number	(2) Signature (By)		(3) Title/Relationship of the Individual I	If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)	
G(1) Participant's N	lame, Address and Tele	ephone Number	(2) Signature (By)		(3) Title/Relationship of the Individual I	If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)	
H.(1) Participant's N	ame, Address and Tele	phone Number	(2) Signature (By)		(3) Title/Relationship of the Individual I	If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)	
I(1) Participant's Na	ame, Address and Telep	bhone Number	(2) Signature (By)		(3) Title/Relationship of the Individual	If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)	
J(1) Participant's Na	ame, Address and Tele	phone Number	(2) Signature (By)		(3) Title/Relationship of the Individual I	If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)	