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| FSA-848B (proposal 12) | | U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency | | | | 1. ST. & CO. Code : 2. County Office Name, Address and Telephone Number | | | | |
| COST-SHARE PERFORMANCE CERTIFICATION AND PAYMENT | | | | | | | | | | |
| (See Page 3 for Privacy Act and Burden Statements.) | | | | | | | | | | |
| THIS CERTIFICATION AND REQUEST FOR PAYMENT is submitted by the undersigned owners, operators, tenants, and/or producers (who individually will herein be referred to as "the Participant"). By signing this form, the Participant agrees to the following: 1) the Participant requested cost-share assistance to perform practice(s) designed to meet the objectives of the program referenced on FSA-848; 2) the Participant agrees that this practice(s) would not be performed without Federal cost-sharing; and, 3) for the practice(s) approved, the Participant agrees to refund all or part of the funds paid to him/her, as determined appropriate by the Approving Official, if, before expiration of the lifespan of the specified practice(s), the Participant (a) destroys the approved practice(s), or (b) voluntarily relinquishes control of or title to, the land on which the approved practice(s) has been established, and the new owner and/or operator of the land does not agree in writing to properly maintain the practice(s) for the remainder of its life span. The Participant further agrees that if he or she began the practice(s) before receiving written approval, he or she may be denied cost-share funding. Further, the Participant hereby authorizes a representative of USDA to have access to the practice site area(s). Further, the participant understands that form FSA-848B-1 is by reference incorporated herein. BY SIGNING THIS CERTIFICATION, THE PARTICIPANT ACKNOWLEDGES RECEIPT OF THE FOLLOWING FORMS: FSA-848B AND ANY ADDENDUM THERETO. | | | | | | | | | | |
| NOTE: To receive payment or credit for any cost-shares earned on these practice(s), report performance below, by completing Items 9 and 10, and file with the issuing FSA county office by the practice expiration date(s) listed on the FSA-848A. | | | | | | | | | | |
| 9. PRACTICES PERFORMED | | | | | | | | | | |
| A. Farm No. | B. Tract No. | C. Field No. | D. Practice Control No. | E. Practice Units | F. Practice Extent Approved | G. Is the Practice Complete (YES or NO) | H. Acres Served | I. Approved Cost-Share | J. Total Installation Cost | K. If practice is not complete and cost-share is still requested for this practice, list codes for completed components. |
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| L. TOTALS: | | | | | | | | | | |
| INSTRUCTIONS TO PARTICIPANT To receive payment or credit for any cost-shares earned on this agreement, report performance on page 1; and file with the issuing FSA county office by the practice expiration dates. | | | | | | | | | | |
| 10. CERTIFICATION BY PARTICIPANT. I certify that the above information is true and correct. I further certify that the entry(ies) in Item 9G show that the practice(s) was performed in accordance with the practice specifications and other requirements. If Item 9G indicates that the practice is not complete, I request cost-share for the completed components shown in Item 9K. I agree to complete the remaining components approved on the FSA-848A, for this practice(s), by the practice expiration date, regardless of whether or not cost-share assistance is approved. I agree to refund any cost-share assistance paid to me under this practice(s), if I fail to complete it. 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 and use the practice(s) for the minimum maintenance period established for the practice(s). 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, (a) I destroy the practice installed, or (b) voluntarily relinquish control or title to the land on which the installed practice(s) have been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice(s) for the remainder of these lifespan. I understand that FSA-848 and FSA-848A and any addendum thereto are by reference incorporated herein and with this form constitutes the entire agreement between the parties. | | | | | | | | | | |
| A(1) Did you and the other participants on this agreement bear all the expense (except for program cost sharing) for performing this practice? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> | | | | | B(1) During the current fiscal year Oct. 1 – Sep. 30, have you received or will you or any participant on this agreement receive a cost-share payment under the same program on this or any other farm other than through this FSA-848B? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> | | | | | |
| A(2) If "NO", report name(s) and addresses) of other person(s) or agency who bore any part of the expenses. Also, show kind, extent and value of their contribution. | | | | | B(2) If "YES", report State, County, and amount by farm. | | | | | |
| C. Participant Signature (By) | | | | D. Title/Relationship of the Individual If Signing in a Representative Capacity | | | | E. Date (MM-DD-YYYY) | | |

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an 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, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

| 11. AGREEMENT INFORMATION | | | | | EMERGENCY PROGRAMS ONLY | |
|---------------------------|-----------------|-------------------|---------------------|----------------|-------------------------|--|
| A. Program Code | B. Program Year | C. ST. & CO. Code | D. Agreement Number | E. Contract ID | F. Disaster ID | |

| 12. PRACTICE EXTENT PERFORMED | | | | | | | | | | |
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| A. Farm No. | B. Tract No. | C. Field No. | D. Practice Control No. | E. Practice Units | F. Practice Extent Approved | G. Practice Extent Performed | H. Acres Served | I. Approved Cost-Share | J. Total Installation Cost | K. Cost-Share Earned |
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| L. TOTALS: | | | | | | | | | | |

| 13. COMPONENT EXTENT PERFORMED | | | | | | | | | | |
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| A. Farm No. | B. Tract No. | C. Field No. | D. Practice Control No. | E. Component No. | F. Component Title | G. Component Units | H. Component Extent Approved | I. Approved Cost-Share | J. Component Extent Performed | K. Cost-Share Earned |
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| 14. TECHNICAL PRACTICE EXTENT APPLIED | | | | | | | | | | |
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| A. Farm No. | B. Tract No. | C. Field No. | D. Practice Control No. | E. Technical Practice Code | F. Technical Practice Title | G. Technical Practice Units | H. Technical Practice Cost-Shared | I. Technical Practice Extent Planned | J. Technical Practice Extent Applied | |
| | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

| 15. Performance Certification | A. Signature of Technical Service Provider or Participant | B. Date | C. Affiliation | D. Practice Control Number | E. Performance Statement |
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