This form is	available e	lectronica	dly.							Form Approved - OMB No. XXXX-XXXX				
FSA-848B U.S. DEPARTMENT OF AGRICULTURE							1. ST	1. ST. & CO. Code:						
(proposal 12) Farm Service Agenc				rvice Agency				2. Co	County Office Name, Address and Telephone Number					
		COST-	SHARE PERFORMANCE CE	RTIFICAT	TION AND	PAYMENT								
			en Statements.)	1 . 1		. 1/ 1	(1 . 1 1	11						
will herein l	IFICATION A be referred to	IND REQUI	EST FOR PAYMENT is submitted by the und ticipant"). By signing this form, the Particin	iersignea ownei oant aarees to ti	rs, operators, ten he followina: 1)	iants, ana/or proau the Participant re	cers (wno inaivia auested cost-shar	ually e						
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)														
him/her, as	determined ap	propriate b	eral cost-sharing; and, 3) for the practice(s) by the Approving Official, if, before expiration	roys	plication Number	4. Agreement Number								
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										6. Disaster ID Number				
			actice(s) before receiving written approval, h											
			USDA to have access to the practice site are					by						
			IGNING THIS CERTIFICATION, THE PART ENDUM THERETO.	HCIPANT ACK	MOWLEDGES	RECEIPT OF THE	FOLLOWING	7. Pro	ogram Code	8. Contract ID (If applicable)				
NOTE: To	receive payı	ment or cre	edit for any cost-shares earned on these ng FSA county office by the practice expire				pleting Items 9	and						
	ICES PERF													
A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Practice	F. Practice Extent	G. Is the Practice	H. Acres Served	I. Approved	J. Total Installation	K. If practice is not complete and cost-share				
r am rvo.	Trade No.	Tield 140.	Tradace Control No.	Units	Approved	Complete (YES or NO)	710103 301704	Cost-Share	Cost	is still requested for this practice, list codes for completed components.				
							L. TOTALS:							
INSTRUCT	IONS TO PA	ARTICIPA	NT To receive payment or credit for any cost-s	shares earned o	n this agreement	. report performance	e on page 1: and f	le with the issuin	a FSA county office b	by the practice expiration dates.				
If Item 90 regardles practice i the cost-s practice(s	G indicates that a ss of whether or has been perform hare assistance s) have been esta	the practice i not cost-shar ned and furth paid to me, a ablished and	I certify that the above information is true and co s not complete, I request cost-share for the complete e assistance is approved. I agree to refund any cost ter certify that this payment is not a duplicate of an is determined by the Approving Official, if before e, the new owner and/or operator of the land does no th this form constitutes the entire agreement betwee	ted components sl st-share assistanc y other earned by xpiration of the pl t agree in writing	hown in Item 9K. I e paid to me under me. I agree to ma ractice lifespan spe	agree to complete the this practice(s), if I for this practice(s), if I for this practice the practice above, (a) I des	e remaining compon til to complete it. I ctice(s) for the mini troy the practice ins	ents approved on t hereby apply for po mum maintenance stalled, or (b) volui	he FSA-848A, for this payment to the extent the period established for ntarily relinquish contr	oractice(s), by the practice expiration date, at the Approving Official has determined that the the practice(s). I agree to refund all or part of ol or title to the land on which the installed				
			on this agreement bear all the expense (exce	pt for program c	ost sharing) for					ceived or will you or any participant on this				
periorii	ning this praction	e?			agreement receive a cost-snar through this FSA-848B?				ent under the same p	rogram on this or any other larm other than				
			YES NO											
	report name(s		sses) of other person(s) or agency who bore a stribution.	ny part of the ex	kpenses. Also, sł	how B(2) If "Y	ES", report State,		YES ount by farm.	NO				
C. Participar	nt Signature (B	у)			D. Title/Relati	ionship of the Individ	lual 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, audiotape, 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.

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11. AGREEMENT INFORMATION												EMERGENCY PROGRAMS ONLY			
A. Program	Program Code B. Program Year C. ST. & CO. Code D. Agreen		ent Number E			E. Contract ID					F. C	Disaster ID			
12. PRAC							_							,	14
A. Farm No.	No. Tract No. Field		D. Practice Control No.			E. F Practice Units Practice Appro		G. H. Practice Extent Acres Se		H. Acres Serv	I. erved Approved Cost-Share			J. Total Installation Cost	K. Cost-Share Earned
				Į	!			ļ.	L. TOTA	ALS:					
13. COMP	ONENT E	XTENT PER	RFORMED												
A. Farm No.	A. B.		D. Practice Control No.		E. Component No.	Component Component 1		Units		H. Compone Extent Approve	mponent Approved Extent Cost-Shar		J. Component Extent Performed	K. Cost-Share Earned	
14. TECH	NICAL PR	ACTICE EX	TENT APPLIED												
A. Farm No.	B.				F. Technical Practice Title			G. H. Technical Technical Practice Units Cost-Share			ctice ed	I. Technical Practice Extent Planned	J. Technical Practice Extent Applied		
										YES					
										YES					
												YES NO			
		A. Signature of Technical Service B. Provider or Participant				Date C. Affiliation D.			Practice Control Number			E.	Perfo	rmance Statement	t
15.															
Perform Certific	nance														

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EMERGENCY PROGRAMS ONLY 16. AGREEMENT INFORMATION A. Program Code B. Program Year C. ST. & CO. Code D. Agreement Number E. Contract ID F. Disaster ID 17. COST-SHARE DETAILS B. C. D. E. F. G. Н. J. Farm No. Tract No. Field Practice Control No. Component Participant's Name Program Partial or Partial or Cost-No. No. Accounting Final Final Share Code Payment for Payment for Earned Practice Agreement A. Signature of FSA Representative B. Date (MM-DD-YYYY) C. Total Approved D. Current Earned E. If Final, Total Cost-18. USDA USE ONLY -Cost-Share Amount Share Earned Performance Approval 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, 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 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.