

Instructions For FSA-18

APPLICANT'S AGREEMENT TO COMPLETE AN UNCOMPLETED PRACTICE

This form is used when producers request a payment for a partially completed practice and must agree to complete the rest of the cost shared practice before being paid for that portion of the practice already completed.

Submit the original of the completed form in hard copy or facsimile to the local County Farm Service Agency (FSA) Office. Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the only person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

Producers must complete Items 1 through 20.

Item 1-20

| Fld Name / Item No. | Instruction |
|-----------------------------|---|
| 1 County Office Address? | Enter the FSA County Office name, address, and telephone number, if known. |
| 2 Applicant's Name | Enter the applicant's name who is requesting this agreement in order to be paid for work already completed. |
| 3 Program | Enter the program for which the agreement is being requested. |
| 4 Farm Number | Enter the farm number of the farm where the practices are not completed. |
| 5 State | Enter the State where the farm is located. |
| 6 County | Enter the County where the farm is located. |
| 7 and 8 Contract Number | Enter the contract number in Item 7 and/or control number in Item 8 of the AD-245 for which the agreement is being requested. |
| 9 Number | Enter the practice number for which the agreement is being requested. Form FSA-18 must be completed for each AD-245 for which the |

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| | agreement is to cover. |
| 10 Description | Describe the practice for which the agreement is being requested. |
| 11 Approved Extent | Enter the extent approved for the practice described in Item 10. |
| 12 Cost-shares Approved | Enter the amount of cost-share approved for the practice described in Item 10. |
| 13 ?Code | Enter the practice component codes from AD-245. |
| 14 Description | Enter the component description from the AD-245 for each code entered in Item 13. |
| 15 Approved Extent | Enter the extent approved for each component. |
| 16 Rate | Enter the rate of cost sharing for the component. |
| 17 Cost-shares Approved | Enter the cost-shares approved for the component |
| 18 The following component Codes? | Enter the components that were completed and that are in accordance with the specifications. |
| 19 The following component codes? | Enter the components of the practice that HAVE NOT been completed in accordance with the specifications. |
| 20 Applicant's Signature | Enter the producer's signature and date. If you are mailing or faxing this form, print the form and manually enter your signature. If this form is approved for electronic transmission and you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office. |

Item 21 is for FSA use only.