This form is av	vailable electr	onically.							Form A	pproved - OMB	No. XXXX-XXXX			
FSA-848								1. ST. & CO. Coo	1. ST. & CO. Code :					
(proposal 13)	oposal 13) Farm Service Agency							County Office Name, Address and Telephone Number						
										•				
				COST-	SHARE F	REQUEST								
THIS REQUEST	is submitted by the	undersigned own	ers, operators, tenants	s, and/or produ	cers (who indiv	idually may be ref	ferred to as "the Applicant"). By signing this form	,						
Box 5; 2) the Ap	pplicant agrees the	at this practice(s) v	vould not be performe	d without Fede	ral cost-sharin	g; and, 3) if cost-s	d to meet the objectives of the program referenced sharing is approved for the practice(s) requested, t ution of the lifespan of the specified practice(s), the	he 3. Application Nu	mber					
Applicant agrees to refund all or part of the funds paid to him/her, as determined by the Approving Official, if, before expanding to destroys the approved practice(s), or (b) voluntarily relinquishes control of or title to, the land on which the owner and/or operator of the land does not agree in writing to properly maintain the practice(s) for the remainder of its						and on which the a mainder of its life	approved practice(s) has been established, and the span. The Applicant further agrees that if he or si	new 4. Program Code		5. Contract ID	Contract ID (If applicable)			
access to the prac	ctice site area(s). KNOWLEDGES R	Further, the application ECEIPT OF THE		form FSA-848-	1 is by referen	ce incorporated he	t hereby authorizes a representative of USDA to h rein. BY SIGNING THIS APPLICATION, THE).	ave						
6. Description of	of Site and Practi	ce Objectives												
	Y PROGRAMS	ONLY					Livestock(s) (Select and list amount with	unite):						
7. Disaster Typ														
8. Crop(s) (Select): Flowers or Bulbs Vegetables or Fruits Field Grown Ornamentals					Cattle:	Buffalo/Beefalo: Goats:								
Seed Crops		Grain or Row	=	Other:	mamemaio		Swine:	=	orses, Mules or Donkeys:					
Orchards or	Vineyards	Hay Forage o	or Pasture				Other animals raised exclusively for com	_						
	CES REQUES													
A. Farm No.	No. Tract No. Field No. Practice Control No.			E. Practice Title	F. Practice Units	G. Practice Acres	H. Extent Requested	I. Requested Cost-Share						
									J. Total Reque	sted Cost-Share:				
11. APPLICA	ANTS REQUES	ST												
all or part of the	funds paid to me a	s determined by th	e Approving Official,	if, before expire	ation of the spe	cified practice life	quest would not be performed without Federal cos span(s) I, (a) destroy the approved practice(s), or tice(s) for the remainder of the lifespan(s). I unde	(b) voluntarily relinquish co	ntrol or title to, the	land on which the a	pproved practice			
A. Applicant's Name, Address and Telephone Number Pe			B. Percent Share	C. Limited Resource	D. Beginning Farmer	E. Socially Disadvantaged	D. Signature (By)		onship of the Indiv sentative Capacit		F. Date (MM-DD-YYYY)			
			%	YES	YES	YES								
NOTE: The	following statement	is made in accorda	noo with the Brivery Ar	NO No NO	NO NO	NO NO	ity for requesting the information identified on this form	n in 7 CED Dort 701, 7 CED D	ort 1410, and the Fo	ad Concorvation and	d Energy Act of 2009			
(Pub autho	o. L. 110-246). The orized access to the	information will be ι information by stat	ised to determine eligib	oility for prògram r as described in	benefits. The in applicable Rou	nformation collected tine Uses identified	nty for requesting the information identified on this for d on this form may be disclosed to other Federal, Stat in the System of Records Notice for USDA/FSA-2, Fi	e, Local government agencies	, Tribal agencies, an	d nongovernmental e	ntities that have been			
colle	ction is XXXX-XXX.	X. The time require		mation collection	n is estimated to	average 8 minutes	red to respond to, a collection of information unless it per response, including the time for reviewing instruc A OFFICE.							

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12. AGREEMENT INFORMATION										EMERGENCY PROGRAMS			
A. Program	Code E	B. Program Yea	ar C. ST. & CO. Code	D. Hydrolog	gic Unit Code	E. Application Num	ber	F. Contra	act ID		G. Disaster	ID	
			AND NEEDED		_								1
A. Farm No.	B. C. D. Practice Control No.		E. Primary Purpose Code		F. Practice Units	G. Practice Exter Requested	t P	H. Practice Extent Re Needed		I. Requested Cost-Share Rate and Type		J. Requested Cost-Share	
											K. TOTALS:		
14. COMP	PONENTS	REQUESTE	D AND NEEDED										
A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Component No.	t	F. Component ⁻	Fitle	G. Compon Units	H. nent Compo S Exte Reque	onent Compo ent Exte	nent R nt Cost led a	J. equested -Share Rate and Type	K. Requested Cost-Share
A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	F. Technic Practice (cal Code		G. Technical Practice Ti	ile		H. Technic Practice U	cal Tec	I. hnical Practice Cost-Shared	J. Technical Practice Extent
											NC	YES	Planned
											NC	YES	
											NC		
		Signature	A. of Technical Service Provider	B. Dat	te A	C. ffiliation Pra	D. actice Control No.	Date R	E. Referred Re	F. eferral Expiratio	n T	G. Needs State	ment
16. Ne Determi	eeds nation												