

ACP-153
(06-01-02)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

1. SPECIAL PROJECT?

YES NO

2. PAGE

OF

3. FISCAL YEAR

4. AGREEMENT NO.

POOLING AGREEMENT

5. STATE

6. COUNTY

(See Page 2 for Privacy Act and Public Burden Statements)

PART A - AGREEMENT (Each signature below indicates agreement with conditions on Page 2 of this form.)

7A. NAME AND ADDRESS OF AGENT (Include Zip Code):

7B. AGENT'S TELEPHONE NO. (Include Area Code):

8. For each participant in the project, furnish the following:

A. SIGNATURE	B. ADDRESS	C. IDENTIFICATION NO.	D. CONTRIBUTION
			E. TOTAL

PART B - CERTIFICATION

9. I, as Agent, certify that each participant whose signature appears on this agreement did review the provisions and conditions of the agreement on the Page 2.

9A. SIGNATURE OF AGENT

9B. DATE (MM-DD-YYYY)

PART C - FOR CCC APPROVAL

10A. SIGNATURE

10B. DATE (MM-DD-YYYY)

11. COUNTY FSA OFFICE NAME AND ADDRESS

CONDITIONS OF POOLING AGREEMENT

The persons signing Part A of this agreement request cost-sharing to perform the practice(s) shown on ACP-153A. The practice(s) is needed to conserve soil and prevent erosion on the farms identified herein and to provide off farm benefits, or to repair or replace conservation structures severely damaged by natural disaster. We understand that this pooling agreement shall become effective when approved by the COC.

Each person signing Part A of this agreement:

1. Certifies that he or she has an interest as landlord, owner, tenant, or sharecropper, in the identified farm.
2. Agrees to perform the practice(s), in a professional manner within the specified general location, to repair, maintain, and use for the purpose authorized, the practice(s) covered by this agreement for which cost-sharing is given, and to obtain the authorities, rights, easements, or other approvals necessary to perform, maintain, and repair such practices.
3. Grants such authorities, rights, easement, or other approvals to the other participant in this agreement to enter upon his or her land as may be necessary to install, maintain, and repair the practices.
4. Agrees that the person shown as such is designated agent and is authorized to act for the parties of agreement in securing the necessary easements, right-of-way, labor and equipment, construction details, compliance determinations, reports, certificates, and contacts with the COC and designated technicians.
5. Agrees that cost-sharing for any conservation practices performed under this agreement shall be divided among eligible participants on the basis of their respective contributions, as determined by the COC, to the cost of performing such practice(s) and any cost-sharing so determined for a person shall be considered as a conservation practice which cost-sharing is earned on the farm in which such person has an interest as landlord, owner, tenant or sharecropper.
6. By so doing, applies for his or her proportionate share of the total payment earned for the practice performed, as certified to by the designated agent.
7. Agrees that, if he or she requests cost-sharing on any other farm outside this pooling agreement, he or she will report it to the COC.

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 701. The information will be used to determine who will share in the payment. Furnishing the requested information is necessary to determine the amount each participant will receive. Failure to furnish the requested information will result in receiving no cost share payment. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.*

*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 0560-0082. The time required to complete this information collection is estimated to average 1 hour 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.***

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