

<b>FSA-848A</b> (09-27-10)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency	1. ST. & CO. Code : 2. County Office Name, Address and Telephone Number
<b>COST-SHARE AGREEMENT</b> (See Page 2 for Privacy Act and Burden Statements)		

*THIS AGREEMENT is entered into between the Farm Service Agency (referred to as "FSA") and 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 a 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 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-848A-1 is by reference incorporated herein. BY SIGNING THIS AGREEMENT, THE PARTICIPANT ACKNOWLEDGES RECEIPT OF THE FOLLOWING FORMS: FSA-848A AND ANY ADDENDUM THERETO.*

3. Application Number	4. Agreement Number
5. Program Year	6. Disaster ID Number
7. Program Code	8. Contract ID (If applicable)

**9. PRACTICES APPROVED**

A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Program Accounting Code	F. Fund Code	G. Practice Units	H. Practice Extent Approved	I. Practice Expiration Date	J. Practice Life Span	K. Approved Cost-Share Rate and Type	L. Approved Cost-Share

M. TOTALS:

**10. COMPONENTS APPROVED**

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 Rate and Type	J. Approved Cost-Share

<b>11. USDA USE ONLY – Application Approval</b>	A. Signature of FSA Representative	B. Date (MM-DD-YYYY)	C. Cost-Share Willing to Approve	D. Cost-Share Approved
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**12. PARTICIPANT APPROVAL ACKNOWLEDGEMENT**

*Your request for program cost-sharing to perform the practice(s) shown above is approved for the farm(s) identified above. By signing below, you agree to complete the specified practice(s) and components on or before the practice expiration date(s). To receive payment or credit for any cost-shares earned on these practice(s), report performance on the FSA-848B and file with the issuing office by the practice expiration date(s) listed above. If you decide not to perform this practice, or if you cannot complete it by the practice expiration date, please notify the Approving Official's office in writing at once.*

A. Participant's Name, Address and Telephone Number	B. Signature (By)	C. Title/Relationship of the Individual If Signing in a Representative Capacity	D. Date (MM-DD-YYYY)
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13. AGREEMENT INFORMATION					EMERGENCY PROGRAMS ONLY
A. Program Code	B. Program Year	C. ST. & CO. Code	D. Agreement Number	E. Contract ID	F. Disaster ID

**14. REMARKS**

**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 0560-0082. The time required to complete this information collection is estimated to average 3 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.*