This form is	s available el	lectronica	lly.							Form Approved - OMB N	No. 0560-0082	
FSA-848								1. ST. & CO. Code :				
(09-27-10)			Farm S	Service Agency				2. County Office	e Name. Address a	nd Telephone Number		
			COST SH	ARE AGREEM	ENIT							
(See Begg	2 for Drivoo	, Act and E		ARE AGREEIVII	ENI							
THIS AGRE	Z 101 PHVACY	tered into h	Burden Statements) etween the Farm Service Agen	cy (referred to as "FSA	A") and the unde	rsianed owners one	rators tenants					
			rill herein be referred to as "th									
1) the Partic	cipant request	ed cost-sha	re assistance to perform a prac	ctice(s) designed to med	et the objectives (of the program refer	enced on FSA-848;					
			actice(s) would not be performe					Application I	Number	Agreement Number	r	
			ert of the funds paid to him/her, ant (a) destroys the approved					f				
			een established, and the new o					n 5. Program Ye	ar	6. Disaster ID Number	er	
			s life span. The Participant fu									
			ost-share funding. Further, the						J-	0 O	(:)	
*	. ,		rticipant understands that forn ACKNOWLEDGES RECEIPT					7. Program Co	ae	8. Contract ID (If appl	licable)	
THERETO.		1101111111	TERRIO WEED GES RECEIT T	OI THE TOLLOWING	5 1 O MM5. 15/1	040111111111111111111111111111111111111	DENDUM					
9. PRACT	ICES APPR	OVED										
A.	B.	C.	D.	E.	F.	G.	H.	l.	J.	K.	L.	
Farm No.	Tract No.	Field No.	Practice Control No.	Program Accounting	Fund Code	Practice Units	Practice Extent Approved	Practice Expiration	Practice Life Span	Approved Cost-Share Rate and Type	Approved Cost-Share	
		INO.		Code	Code		Approved	Date	Орап	rtate and 1 ype	Cost-onare	
		I								M. TOTALS:		
10. COMP	ONENTS AF	PROVED										
A.	B.	C.	D.	E.		F.		G.	H.	l.	J.	
Farm No.	Tract No.	Field No.	Practice Control No.	Component No.	Component Title			Component U	nits Componen Extent	t Approved Cost-Share Approved Rate and Type Cost-Share		
									Approved	riale and rype	Goot Gridie	
			0:(FOA D			B. Date (MM-	DD 10000	Coot Chara Willia	r to Approve	Coot Chara Annroyad		
11. USE	DA USE ONL	.Y –	A. Signature of FSA Repres	entative		B. Date (MM-	(J. 1777) C.	Cost-Share Willing	j to Approve	D. Cost-Share Approved		
Applic	ation Approva	al										
12. PART	CIPANT AP	PROVAL	ACKNOWLEDGEMENT									
			g to perform the practice(s) sh	own above is approved	d for the farm(s)	identified above. By	signing below, you	agree to complete i	the specified practic	ce(s) and components on or	r before the	
practice exp	oiration date(s). To receiv	e payment or credit for any co	st-shares earned on the	ese practice(s), re	eport performance o	n the FSA-848B and	d file with the issuin				
			r if you cannot complete it by t		date, please notij	fy the Approving Off			4 Oissains a 1		-t- 444 DT 1000"	
A. Participa	nts Name, Add	aress and Te	elephone Number B. Signat	ure (By)			C. Title/Relations	hip of the Individual I	i Signing in a Repre	sentative Capacity D. D	ate (MM-DD-YYYY)	

ECA-949A (00 07 40)

AGREEMENT Program Code	INFORMATION B. Program Year	C. ST. & CO. Code	D. Agreement Number	E. Contract ID	EMERGENCY PROGRAMS ONI F. Disaster ID
REMARKS					

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.

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.