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FSA	-848-1	l
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(09-27-10)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

CONTINUATION SHEET FOR COST-SHARE REQUEST

NOTE: The	following statement	is made in accor	rdance with the Privacy Act	of 1974 (5 US	C 552a - as amended). The authority for requesting the	he information identified on this form is	= • : 7 CFR Part 701, 7 CFR Pa	art 1410, and the Fo	od, Conservation, an	d Energy Act of 2008
(Pul beel	b. L. 110-246). The i n authorized access	nformation will b to the informatio	e used to determine eligibili n by statute or regulation ar	ty for program nd/or as descr	n benefits. The information collected on this form may ibed in applicable Routine Uses identified in the Syster of ineligibility for program benefits.	be disclosed to other Federal, State, L	ocal government agencies,	Tribal agencies, an	d nongovernmental e	entities that have
colle	ection is 0560-0082.	The time require	ed to complete this informat	ion collection	r sponsor, and a person is not required to respond to, a is estimated to average 2 minutes per response, includ TED FORM TO YOUR COUNTY FSA OFFICE .	a collection of information unless it dis ding the time for reviewing instructions	plays a valid OMB control n , searching existing data sc	umber. The valid O urces, gathering and	MB control number fo d maintaining the dat	or this information a needed, and
	, ,	5			representation or claims are subject to civil and crimina	l penalties including, but not limited to	those under 18 U.S.C. 100	11.		
1. APPLICA	TION INFORM	TION						EME		GRAMS ONLY
A. Program Co	ode B. Progra	m Year	C. ST. & CO. Code	D. Applic	cation Number	E. Contract ID		F. Dis	aster ID	
2. ADDITION	AL PRACTICE	S REQUES	TED							
A. Farm No.	B. Tract No.	C. Field No.	D. Practice Contro	l No.	E. Practice Title		F. Practice Units	G. Practice Acres	H. Extent Requested	I. Requested Cost-Share

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, Office of the Assistant Secretary for Civil Rights, 0 for contact USDA's target of contact (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.

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3. APPLICATION	INFORMATION						EMERGENCY PRO	GRAMS ONLY
A. Program Code	A. Program Code B. Program Year C. ST. & CO. Code			cation Number		E. Contract ID	F. Disaster ID	
4. ADDITIONAL A								
							ost-sharing. If cost-sharing is approved for the practice(s, r (b) voluntarily relinquish control or title to, the land on w	
							rstand that if I begin the practice before receiving written of	
denied funding.								
A(1) Applicant's Nam Number	ne, Address and Teleph	none (2) Percent	(3) Limited	(4) Beginning	(5) Socially	(6) Signature (By)	(7) Title/Relationship of the Individual If Signing in a Representative Capacity	(8) Date
Number		Share	Resource	Farmer	Disadvantaged			(MM-DD-YYYY)
			☐ YES	YES	☐ YES			
		8						
B(1) Applicant's Nam	ne, Address and Teleph	none (2)	(3)	(4)	(5)	(6) Signature (By)	(7) Title/Relationship of the Individual If Signing	(8)
Number		Percent	Limited	Beginning	Socially		in a Representative Capacity	Date
		Share	Resource	Farmer	Disadvantaged			(MM-DD-YYYY)
		8	YES	YES	YES			
				🗌 NO				
	ne, Address and Teleph		(3)	(4)	(5)	(6) Signature (By)	(7) Title/Relationship of the Individual If Signing	(8)
Number		Percent Share	Limited Resource	Beginning Farmer	Socially Disadvantaged		in a Representative Capacity	Date (MM-DD-YYYY)
		enale §	T YES		YES			· · · ·
		0						
D(1) Applicant's Nor	ne, Address and Teleph	hono (2)				(C) Simplure (D))	(7) Title/Relationship of the Individual If Signing	(0)
Number	ie, Address and Telepi	hone (2) Percent	(3) Limited	(4) Beginning	(5) Socially	(6) Signature (By)	in a Representative Capacity	(8) Date
		Share	Resource	Farmer	Disadvantaged			(MM-DD-YYYY)
		8	YES	YES	YES			
			🗌 NO	🗌 NO	🗌 NO			
	ne, Address and Teleph		(3)	(4)	(5)	(6) Signature (By)	(7) Title/Relationship of the Individual If Signing	(8)
Number		Percent Share	Limited Resource	Beginning Farmer	Socially Disadvantaged		in a Representative Capacity	Date (MM-DD-YYYY)
		enale §			YES			. ,
		0						
E(1) Applicant's Nam	e, Address and Teleph	none (2)	(3)	(4)	(5)	(6) Signature (By)	(7) Title/Relationship of the Individual If Signing	(8)
Number	ie, Address and Teleph	Percent	Limited	Beginning	Socially		in a Representative Capacity	Date
		Share	Resource	Farmer	Disadvantaged			(MM-DD-YYYY)
		8	YES	YES	YES			
	ne, Address and Teleph		(3)	(4)	(5)	(6) Signature (By)	(7) Title/Relationship of the Individual If Signing	(8)
Number		Percent Share	Limited Resource	Beginning Farmer	Socially Disadvantaged		in a Representative Capacity	Date (MM-DD-YYYY)
		Share						`
		·0						
H(1) Applicant's Nor	ne, Address and Teleph	hone (2)	(3)	(4)	(5)	(6) Signature (By)	(7) Title/Relationship of the Individual If Signing	(8)
Number	ie, Audress and relept	Percent	Limited	(4) Beginning	(5) Socially		in a Representative Capacity	Date
		Share	Resource	Farmer	Disadvantaged			(MM-DD-YYYY)
		90	YES	YES	YES			
			🗌 NO	🗌 NO				

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A. Program		B. Program Year		D. Application	n Number		E. Contract ID					isaster ID	
		EQUESTED AN			_	_							
A. Farm No.	A. B. C. D. m No. Tract No. Field Practice Control No. No.		Pi	E. Primary urpose Code	F. Practice Units	G. Practice Exten Requested	G. H. ce Extent Practice Exten juested Needed		I. ent Requested Cost-Share Rate and Type		are Req Cos	J. uested t-Share	
7 COMP		REQUESTED											
A. Farm No.	B. Tract N	С.	D. Practice Control No.	E. Component No.		F. Component Titl	e	G. Compor Units	nent Com	H. ponent tent	I. Component Extent	J. Requested Cost-Share Rate	K. Requested Cost-Share
									Requ	uested	Needed	and Type	
			NNED				_				0		1
A. Farm No.	B. Tract N	C. Field No.	D. Practice Control No.	E. Technica Practice Co			F. Technical Practice Ti	tle		F	G. Technical Practice Units	H. Technical Practice Cost-Shared	I. Technical Practice Extent Planned
			Α.	В.		C.	D.	1	E			G.	
		Signature of	f Technical Service Provide				ice Control No.			Referral E		Needs State	ment
9. Ne Determi	eds nation												