

PARTICIPANT	COUNTY AND STATE	PROGRAM AND CONTRACT NUMBER	SUBACCOUNT
LAND UNITS OR LEGAL DESCRIPTION	ACRES	MODIFICATION NUMBER AND DATE	EXPIRATION DATE

Contract Item:	Status:
-----------------------	----------------

Fields:

Contract Item	Planned Conservation Treatment	Certified Amount	Unit Cost	Cost Share Rate/ Method	Completion Schedule and Estimated Cost Share or Payment by Year											
					20xx \$	20xx \$	20xx \$	20xx \$	20xx \$	20xx \$	20xx \$	20xx \$	20xx \$	20xx \$		

Notes:

Basis for Modification or Revision

**REVISION OF PLAN / SCHEDULE OF OPERATIONS
OR MODIFICATION OF A CONTRACT**

PARTICIPANT	COUNTY AND STATE	PROGRAM AND CONTRACT NUMBER	FUND CODE
LAND UNITS OR LEGAL DESCRIPTON	ACRES	MODIFICATION NUMBER AND DATE	EXPIRATION DATE

Total Cost-Share or Payment by Year										Total Contract Payment	
20xx	20xx	20xx	20xx	20xx	20xx	20xx	20xx	20xx	20xx		
\$999,999	\$999,999	\$999,999	\$999,999	\$999,999	\$999,999	\$999,999	\$999,999	\$999,999	\$999,999	\$999,999	\$999,999

NOTES: A. All items numbers on form NRCS-CPA-1156 must be carried out as part of this contract to prevent violation.
 B. When established, the conservation practices identified by the numbered items must be maintained by the participant at no cost to the government.
 C. All cost share rates are based on average cost (AC) with the following exceptions:
 AA = Actual cost not to exceed average cost; FR = Flat Rate; NC = Non cost-shared; AM = Actual cost not to exceed the specified maximum.
 D. By signing, the participant acknowledges receipt of this conservation plan including this form NRCS-CPA-1156 and agrees to comply with the terms and conditions here of.

Certification of Participants					
Signature	Date	Signature	Date	Signature	Date
<Participant name>		<Participant name>		<Participant name>	

Signatures of Reviewing Officials	
District Conservationist - Technical Adequacy Certification	Approved by - Concurrence of NRCS Representative
Signature	Signature
Date	Date

PUBLIC BURDEN STATEMENT

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 number for this information collection is 0578-0013. The time required to complete this information collection is estimated to average 45/0.75 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.

PRIVACY ACT

The above statements are made in accordance with the Privacy Act of 1974 (5 USC 522a). Furnishing this information is voluntary; however, failure to furnish correct, complete information will result in the withholding or withdrawal of such technical or financial assistance. The information may be furnished to other USDA agencies, the Internal Revenue Service, the Department of Justice, or other state or federal law enforcement agencies, or in response to orders of a court, magistrate, or administrative tribunal.

USDA NON-DISCRIMINATION STATEMENT

"The U.S. Department of Agriculture (USDA) prohibits discrimination in all 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, genetic information, political beliefs, reprisal, or because all or a 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, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer."