

1. To be completed by NRCS; check appropriate box: This transaction is for CCC. This transaction is for NRCS.

U.S. DEPARTMENT OF AGRICULTURE 2. Page _____ of _____

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

3. NAME	4. COUNTY	5. STATE	6. CONTRACT OR AGREEMENT NO.	7. REVISION OR MODIFICATION NO.
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ITEM NO.	FIELD	PLANNED TREATMENT (Record of Decisions)	PREVIOUS ESTIMATED COST-SHARE OR PAYMENT	REVISED AMOUNT (UNITS) \$	COST SHARE OR PAYMENT RATE %	COMPLETION SCHEDULE AND ESTIMATED COST-SHARE OR PAYMENT BY YEAR (For Non-Cost Share Items Show Units)										REF. NO.
						14	15	16	17	18	19	20	21	22		
						Year	Year	Year	Year	Year	Year	Year	Year	Year		
8	9	10	11	12	13	23	24	25	26	27	28	29	30	31	32	

33. CERTIFICATION OF PARTICIPANTS

A. SIGNATURE	B. Date	C. SIGNATURE	D. Date	E. SIGNATURE	F. Date
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34. SIGNATURES OF REVIEWING OFFICIALS

A. District Conservationist – Technical Adequacy Certification	B. Date	C. APPROVED BY (Concurrence of NRCS Representative)	D. Date
SIGNATURE		SIGNATURE	

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

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