

<p><b>FSA-848A</b> (09-27-10)</p> <p style="text-align: center;"><b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency</p> <p style="text-align: center;"><b>COST-SHARE AGREEMENT</b></p> <p><i>(See Page 2 for Privacy Act and Burden Statements)</i></p> <p><i>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.</i></p>	<p>1. ST. &amp; CO. Code :</p> <p>2. County Office Name, Address and Telephone Number</p>						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">3. Application Number</td> <td style="width:50%;">4. Agreement Number</td> </tr> <tr> <td>5. Program Year</td> <td>6. Disaster ID Number</td> </tr> <tr> <td>7. Program Code</td> <td>8. Contract ID (If applicable)</td> </tr> </table>	3. Application Number	4. Agreement Number	5. Program Year	6. Disaster ID Number	7. Program Code	8. Contract ID (If applicable)
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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			
<p><i>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.</i></p>			
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)

