

**AGREEMENT COVERING  
NON-COMPLIANCE WITH  
PROVISIONS OF CONTRACT**

A. STATE: \_\_\_\_\_ B. COUNTY: \_\_\_\_\_

C. CONTRACT NO.: \_\_\_\_\_

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). This information is to indicate non-compliance with the contract or agreement. The authority for requesting the following information is 7 CFR 631 (GPCP); 7 CFR 632 (RAMP); 7 CFR 634 (RWCP); 7 CFR 636 (WHIP); 7 CFR 702 (CRSCP); 7 CFR 752 (WBP); 7 CFR 631 and 702 (EQIP). Furnishing information is voluntary and will be confidential; however, it is necessary in order to receive assistance.

**D. PARTICIPANT(S):**

D 1. \_\_\_\_\_ D 2. \_\_\_\_\_

D 3. \_\_\_\_\_ D 4. \_\_\_\_\_

**1. DETAILS OF NON-COMPLIANCE:**

**2. NATURE AND EFFECT OF NON-COMPLIANCE WITH PROVISIONS OF CONTRACT (CHECK APPLICABLE BOX):**

2 a. Warrants Termination of the Contract of Agreement-Contract or Agreement Terminated.

2 b. Does Not Warrant Termination of the Contract of Agreement-Contract or Agreement Terminated.

**3. FORFEITURE, REFUND OR PAYMENT ADJUSTMENT (Set Out For Each Participant Named in Section D):**

3 a. Participant: \_\_\_\_\_ 3 a. Amount: \_\_\_\_\_

3 b. Participant: \_\_\_\_\_ 3 b. Amount: \_\_\_\_\_

3 c. Participant: \_\_\_\_\_ 3 c. Amount: \_\_\_\_\_

3 d. Participant: \_\_\_\_\_ 3 d. Amount: \_\_\_\_\_

**4. ACCEPTANCE OF PARTICIPANT(S):**

The undersigned hereby agrees that, under the above identified contract or agreement, his or her forfeiture or refund or payment adjustment shown in section 3 above is proper and any amount in connection therewith, as indicated in section 3 above are due and owing. The undersigned also agrees to the nature and effect of non-compliance set out in section 2 of this form and waives the right to any further proceedings under the regulations governing contract or agreement violations.

4 a. Participant Signature: \_\_\_\_\_ 4 b. Participant Signature: \_\_\_\_\_

4 a. Date: \_\_\_\_\_ 4 b. Date: \_\_\_\_\_

4 c. Participant Signature: \_\_\_\_\_ 4 d. Participant Signature: \_\_\_\_\_

4 c. Date: \_\_\_\_\_ 4 d. Date: \_\_\_\_\_

**5. APPROVAL:** 5 a. Contracting Officer Signature: \_\_\_\_\_ 5 a. Date: \_\_\_\_\_

5 b. State Conservationist Signature: \_\_\_\_\_ 5 b. Date: \_\_\_\_\_

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act 1995, an agency may not conduct or sponsor, a person is not required to respond to a collection of information unless it displays a currently 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 150 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 information.

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## **Agreement Covering Non-Compliance With Provisions of Contract**

### OMB BURDEN STATEMENT

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