

## STATUS REVIEW

### PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). This information is used to track contract or agreement progress. The authority for requesting the following information is 7 CFR 701 (ACP); 7 CFR 1410 (CRP); 7 CFR 702 (CRSCP); 7 CFR 624 (EWP); 7 CFR 631(GPCP); 7 CFR 701 (FIP); 7 CFR 631 and 702 (IEQIP); 7 CFR 632 (RAMP); RC& D; 7 CFR 634 (RCWP); 7 CFR 752 (WBP); 7 CFR 636 (WHIP); WQIP; 7 CFR 622 (WPFPP); and 7 CFR 1467 (WRP). Furnishing information is voluntary and will be confidential; however, it is necessary in order to receive assistance.

Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 37.5 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM (OMB NO. 0578-0013), Stop 7630, Washington, D.C. 20250-7630

### NONDISCRIMINATION STATEMENT

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|---|-------------------------------|
| 1. Date:  | 2. Contract or Agreement NO.: |
| 3. County:  | 4. Name and Address:          |
| 5. Progress in applying plan:   |                               |
| 6. Revision of plan or modification of contract or agreement needed:  |                               |
| 7. Need for technical assistance:   |                               |
| 8. Land is still under control of the participant: <input type="checkbox"/> YES <input type="checkbox"/> NO |                               |
| 8 a. If the answer to item 8 is <b>NO</b> , provide explanation:  |                               |
| 9. Signature of Conservationist or Administering Agency:  |                               |
| Signature: _____  | 9a. Date: _____               |
| 10. Participant Signature:  |                               |
| Signature: _____  | 10a. Date: _____              |