1. To	be completed	l by NRCS	; check appropriate box		T	his transactio	n is for CCC	This	transac	ction is fo	r NRCS		OMB No. 0578-0013
U.S.			GRICULTURE				2. STATE				3. PROGRA	M NAME	
			ATION FOR I				4. AGREEMEN	IT or CO	NTRAC	CT NO.	5. PAYMEN	T APPLIC	ATION NO.
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impri	sonment of n	ot more tha	an five years, or both (1	8 USC 1001)									
8. SI	PECIFIED	CONSE	RVATION PRACTI	CES PERFO	ORME	D							
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OMB DISCLOSURE 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 control number for this information collections is 0578-0018. The time required to complete this information collection is estimated to average 30 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.

PRIVACY ACT STATEMENT

The above statements are made in accordance with the Privacy Act of 1974 (5 U.S. C. 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.

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13. FOR USE BY FSA COUNTY COMMITTEE ONLY:

I certify to the best of my knowledge and belief this application contains no duplication of payment under any program of the U.S. Department of Agriculture administered by FSA, and the participant is not shown on the county claim control record as being indebted to the government, except as explained on the reverse side. If required by the applicable program, the participant has filed the AD-1026 certification of compliance with the highly erodible land and wetland conservation provisions of the Food Security Act of 1985, as amended, and has not been determined to be in violation of these provisions.

A. Signature	B. Date					
14. Certification by Designated Conservationist		15. Certifying Officer's Approval				
I certify that the practice (identifiable unit) specifie above application has been properly carried out, at the standards and specifications of the above-numb agreement/contracts.	d in the nd meets vered	Pursuant to authority vested in me, I certify that the items listed herein are correct and hereby approved for payment from the fund (s) designated on supporting data records.				
A. Signature	B. Date	A. Signature	B. Date			

APPLICATION FOR PAYMENT

OMB BURDEN STATEMENT

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 30 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.