

CONSERVATION PLAN OR SCHEDULE OF OPERATIONS

PARTICIPANT	COUNTY AND STATE	PROGRAM AND CONTRACT NUMBER	SUBACCOUNT
LAND UNITS OR LEGAL DESCRIPTON	WATERSHED	ACRES	EXPIRATION DATE

Contract Item: _____ **Status:** _____

Fields: _____

Contract Item	Planned Conservation Treatment	Planned Amount	Unit Cost	Cost Share Rate/ Method	Completion Schedule and Estimated Cost Share or Payment by Year										
					20xx \$	20xx \$	20xx \$	20xx \$	20xx \$	20xx \$	20xx \$	20xx \$	20xx \$	20xx \$	
					999,999 ¹	999,999 ¹	999,999 ¹	999,999 ¹	999,999 ¹	999,999 ¹	999,999 ¹	999,999 ¹	999,999 ¹	999,999 ¹	999,999 ¹

Notes: 1
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PARTICIPANT	COUNTY AND STATE	PROGRAM AND CONTRACT NUMBER	SUBACCOUNT
LAND UNITS OR LEGAL DESCRIPTION	WATERSHED	ACRES	EXPIRATION DATE

Total Cost-Share or Payment by Year										Total Contract Payment
20XX	20XX	20XX	20XX	20XX	20XX	20XX	20XX	20XX	20XX	
\$999,999	\$999,999	\$999,999	\$999,999	\$999,999	\$999,999	\$999,999	\$999,999	\$999,999	\$999,999	\$999,999

NOTES: A. All items numbers on form NRCS-CPA-1155 must be carried out as part of this contract to prevent violation.
 B. When established, the conservation practices identified by the numbered items must be maintained by the participant at no cost to the government.
 C. All cost share rates are based on average cost (AC) with the following exceptions:
 AA = Actual cost not to exceed average cost; FR = Flat Rate; NC = Non cost-shared; AM = Actual cost not to exceed the specified maximum.
 D. By signing, the participant acknowledges receipt of this conservation plan including this form NRCS-CPA-1155 and agrees to comply with the terms and conditions here of.

Certification of Participants					
Signature	Date	Signature	Date	Signature	Date
<Participant name>		<Participant name>		<Participant name>	

Signatures of Reviewing Officials		
NRCS Approving Official Signature	Reviewed by Conservation District Signature	Other Sponsoring Agency Signature
Date	Date	Date

PUBLIC BURDEN 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 number for this information collection is 0578-0013. The time required to complete this information collection is estimated to average 45/0.75 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.

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