CONSERVATION PROGRAM CONTRACT TRANSFER AGREEMENT

Participant	Program and Contract Number
<decision maker="" name="" participant=""></decision>	<contract program=""> <contract tier=""> <contract number=""></contract></contract></contract>
County and State	Fund Code
<contract county=""> <contract state=""></contract></contract>	<contract code="" fund=""></contract>
Watershed	This agreement is effective on the date signed by the Natural
<watershed name=""></watershed>	Resources Conservation Service approving official and
	extends through <expiration date="">.</expiration>

г	_	1	٨	N		TF	λC	N	C			
П			А	N	1,	16	(A	.IV		_	_	н

The undersigned hereby certify that the present participant has transferred to the new participant the following right and interest in the land unit described in the above numbered contract. By this transfer, it is agreed:

- a. The new participant agrees to be bound by all the terms and conditions of the above-numbered contract shall be the same as the rights of the present participant.
- b. The new participant agrees that his right to cost shares or other assistance under the above-numbered contract shall be the same as the rights of the present participant.
- c. The Natural Resources Conservation Service agrees to provide cost sharing and other assistance necessary to the new and present participants under the above-numbered contract. Cost sharing and assistance provided under this transfer agreement shall be in accordance with applicable program rules and regulations.

Current Participant Name, Address, Telephone	New Participant Name, Address, Telephone
<decision contract="" maker="" name="" participant=""></decision>	<new contract="" name="" participant=""></new>
<decision address="" contract="" maker="" participant=""></decision>	< new contract participant address>
<pre><decision city,="" contract="" maker="" participant="" state,="" zip=""></decision></pre>	< new contract participant city, state, zip>
<decision contract="" maker="" participant="" telephone=""></decision>	< new contract participant telephone>
Signature	Signature
Date	Date

□ PAYMENT SHARE TRANSFER

The undersigned hereby certify that the present participant has transferred to the new participant the following <insert text applicable to payment share transfer>. By this transfer, it is agreed <insert text>.

Current Participant Name, Add	ress, Telephone		New Participant Name, Address, Telephone			
<contract name="" participant=""></contract>			<new contract="" name="" participant=""></new>			
<pre><contract address="" participant=""></contract></pre>			< new contract participant address>			
<contract city,="" participant="" state,="" zip=""></contract>			< new contract participant city, state, zip>			
<contract participant="" telephone=""></contract>			< new contract participant telephone>			
SSN or Tax ID <ssn id="" or="" tax=""></ssn>			SSN or Tax ID			
Payment Shares	New Payment Shares		Payment Shares	New Payment Share		
Signature			Signature	•		
Date			Date			

NRCS APPROVAL

NRCS Approving Official	Date

CONSERVATION PROGRAM CONTRACT TRANSFER AGREEMENT

Participant	Program and Contract Number
<decision maker="" name="" participant=""></decision>	<contract program=""> <contract tier=""> <contract number=""></contract></contract></contract>
County and State	Fund Code
<contract county=""> <contract state=""></contract></contract>	<contract code="" fund=""></contract>
Watershed	This agreement is effective on the date signed by the Natural
<watershed name=""></watershed>	Resources Conservation Service approving official and
	extends through <expiration date="">.</expiration>

OMB DISCLOSURE STATEMENT

According to the Paper Work 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 collection is 0578-0013. The time required to complete this information collection is estimated to average 0.69 hours 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.

PRIVACY ACT STATEMENT

The above statements are made in accordance with the Privacy Act of 1974 (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.

NONDISCRIMINATION STATEMENT

The United States Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964.