

## CONSERVATION PROGRAM CONTRACT TRANSFER AGREEMENT

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

**LAND TRANSFER**

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.

<b>Current Participant Name, Address, Telephone</b> <decision maker contract participant name> <decision maker contract participant address> <decision maker contract participant city, state, zip> <decision maker contract participant telephone>
<b>Signature</b>
<b>Date</b>

<b>New Participant Name, Address, Telephone</b> <new contract participant name> < new contract participant address> < new contract participant city, state, zip> < new contract participant telephone>
<b>Signature</b>
<b>Date</b>

**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>.

<b>Current Participant Name, Address, Telephone</b> <contract participant name> <contract participant address> <contract participant city, state, zip> <contract participant telephone>	
<b>SSN or Tax ID</b> <SSN or tax ID>	
<b>Payment Shares</b>	<b>New Payment Shares</b>
<b>Signature</b>	
<b>Date</b>	

<b>New Participant Name, Address, Telephone</b> <new contract participant name> < new contract participant address> < new contract participant city, state, zip> < new contract participant telephone>	
<b>SSN or Tax ID</b>	
<b>Payment Shares</b>	<b>New Payment Share</b>
<b>Signature</b>	
<b>Date</b>	

**NRCS APPROVAL**

<b>NRCS Approving Official</b>	<b>Date</b>
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### OMB DISCLOSURE STATEMENT

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### 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.

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