	is available	electronic	ally.								Form Approved - OMB	<u>10. 0560-0082</u>	
	SA-848A U.S. DEPARTMENT OF AGRICULTURE						1. ST. & CO. Code:						
(09-10-15) Farm Service Agency						County Office Name, Address and Telephone Number							
COCT CHARE ACREMENT								,	,				
COST-SHARE AGREEMENT													
(See Page 2 for Privacy Act and Burden Statements) 1THIS AGREEMENT is entered into between the Farm Service Agency (referred to as "FSA") and the undersigned owners, operators,							\dashv						
tenants, and	l/or producers	(who indivi	idually will herein be referred to as	"the Participant	"). By sianina thi	s form, the Particina	erators, int aarees to						
the following: 1) the Participant requested cost-share assistance to perform a practice(s) designed to meet the objectives of the program referenced on FSA-848; 2) the Participant agrees that this practice(s) would not be performed without Federal cost-sharing; and, 3) for the practice(s) approved, the Participant agrees to refund all or part of the funds paid to him/her, as determined by the Approving Official, if, before expiration of the lifespan of the specified practice(s), the Participant (a) destroys the approved practice(s), or (b) voluntarily							3. App	olication Number		Agreement Number			
			e specified practice(s), the Participo land on which the approved practic					F. D.	gram Year		6. Disaster ID Number		
			perly maintain the practice(s) for th						gram Year		6. Disaster id Nullibe	o. Disaster ib Number	
or she bega	n the practice((s) before re	eceiving written approval, he or she	may be denied c	ost-share funding	. Further, the Partic	cipant hereby						
			to have access to the practice site a					7 Pro	gram Code		8. Contract ID (If applicable)		
			BY SIGNING THIS AGREEMENT,		ANT ACKNOWLE	EDGES RECEIPT O.	F THE	7. 110	gram code		8. Contract in (ii applicable)		
FOLLOWIN	NG FORMS: F	+5A-848A A	ND ANY ADDENDUM THERETO	•									
9. PRACT	ICES APPR	OVED											
A	В.	C.	D.	_ E.	_F	G.	_ H.		l.	J.	K.	L.	
Farm No.	Tract No.	Field No.	Practice Control No.	Program Accounting	Fund Code	Practice Units	Practice Extent	Praction	ce Expiration Date	Practice Life Span	Approved Cost-Share Rate and Type	Approved Cost-Share	
		140.		Code	Code		Approved		Date	Эрин	rate and Type	Cost Share	
											M. TOTALS:		
10. COMP	PONENTS A	PPROVED									M. TOTALS:		
A.	PONENTS AF	C.	D.	E.		F.			G.	Н.	l.	J.	
		C. Field		Component		F. Component Title			G. Component Units	S Component	I. Approved Cost-Share	Approved	
A.	B.	C.	D.							Component Extent	l.		
A.	B.	C. Field	D.	Component			3			S Component	I. Approved Cost-Share	Approved	
A.	B.	C. Field	D.	Component				(Component Extent	I. Approved Cost-Share	Approved	
A.	B.	C. Field	D.	Component			,	(Component Extent	I. Approved Cost-Share	Approved	
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A.	B.	C. Field	D.	Component						Component Extent	I. Approved Cost-Share	Approved	
A.	B.	C. Field No.	D. Practice Control No.	Component No.		Component Title			Component Units	S Component Extent Approved	I. Approved Cost-Share Rate and Type	Approved Cost-Share	
A. Farm No.	B. Tract No.	C. Field No.	D.	Component No.						S Component Extent Approved	I. Approved Cost-Share	Approved Cost-Share	
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A. Farm No. 11. USI Applic	B. Tract No. DA USE ONL ation Approv	C. Field No.	D. Practice Control No. A. Signature of FSA Representa	Component No.		Component Title			Component Units	S Component Extent Approved	I. Approved Cost-Share Rate and Type	Approved Cost-Share	
A. Farm No. 11. USI Applic	B. Tract No. DA USE ONL ation Approv	C. Field No.	D. Practice Control No. A. Signature of FSA Representa	Component No.	ed for the farm(s)	B. Date (MM-	DD-YYYY)	C. Cost-	Share Willing	Component Extent Approved	I. Approved Cost-Share Rate and Type D. Cost-Share Approved	Approved Cost-Share	
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A. Farm No. 11. USI Applic 12. PART Your reques practice exp decide not to	B. Tract No. DA USE ONL ation Approv ICIPANT AP st for program biration date(s) o perform this	C. Field No. PROVAL cost-sharin). To receiv, practice, oi	D. Practice Control No. A. Signature of FSA Representa ACKNOWLEDGEMENT Ig to perform the practice(s) shown to payment or credit for any cost-shown if you cannot complete it by the process.	Component No. Above is approve ares earned on the cactice expiration	ese practice(s), re	B. Date (MM- identified above. By	DD-YYYY) r signing below n the FSA-848. icial's office in	C. Cost- v, you agre B and file v	Share Willing e to complete th with the issuing t once.	to Approve to Specified practice office by the practice.	I. Approved Cost-Share Rate and Type D. Cost-Share Approved D. Cost-Share Ap	Approved Cost-Share r before the d above. If you	

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13. AGREEMENT	EMERGENCY PROGRAMS ONLY				
A. Program Code	B. Program Year	C. ST. & CO. Code	D. Agreement Number	E. Contract ID	F. Disaster ID
14. REMARKS					

NOTE:

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 701, 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and 16 U.S.C. § 2201-2206. The information will be used to determine eligibility to participate in and receive benefits under a cost-share assistance program through documentation of the participant's agreement to comply with the terms and conditions contained in the cost-share agreement. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under a cost-share assistance program.

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 collection is 0560-0082. The time required to complete this information collection is estimated to average 3 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.

RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

By signing this form, the Participant acknowledges and understands that any false representation or claims are subject to civil and criminal penalties including, but not limited to those under 18 U.S.C. 1001.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

This form is available electronically. Form Approved - OMB No. 0560-0082

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(09-10-15)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

CONTINUATION SHEET FOR COST-SHARE AGREEMENT

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By signing this form, the Participant acknowledges and understands that any false representation or claims are subject to civil and criminal penalties including, but not limited to those under 18 U.S.C. 1001. **EMERGENCY PROGRAMS ONLY** 1. AGREEMENT INFORMATION A. Program Code B. Program Year C. ST. & CO. Code D. Agreement Number E. Contract ID F. Disaster ID 2. PRACTICES APPROVED C. D. E. F. G. Η. ١. J. K. L. Farm No. Tract No. Field Practice Control No. Fund **Practice Units** Practice Extent Practice Practice Life Approved Cost-Share Program Approved Rate and Type No. Accounting Code Expiration Cost-Share Approved Span Date Code 3. COMPONENTS APPROVED C. D. E. G. Н. J. F. Approved Cost-Share Farm No. Tract No. Field Practice Control No. Component Title Component Units Approved Component Component No. No. Extent Rate and Type Cost-Share Approved 4. REMARKS

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

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5. AGREEMENT		0.07					CY PROGRAMS ONLY
A. Program Code	B. Program Year	C. ST. & CO. 0	Code	D. Agreement Number	E. Contract ID	F. Disaster ID	
6. ADDITIONAL A	APPROVED PARTIC	CIPANTS					
Your request for pro	gram cost-sharing to	perform the pract	ice(s) shown above	is approved for the farm(s) identified above.	By signing below, you agree to complete the specified practi	ce(s) and compon	ents on or before the
practice expiration of	date(s). To receive pa	yment or credit fo	or any cost-shares e	arned on these practice(s), report performan	ce on the FSA-848B and file with the issuing office by the pra-	ctice expiration de	ite(s) listed above. If you
decide not to perfort	m this practice, or if yo	ou cannot comple		expiration date, please notify the Approving	Official's office in writing at once.		,
A(1) Participant's Na	ame, Address and Tele	phone Number	(2) Signature (By)		(3) Title/Relationship of the Individual If Signing in a Represe	ntative Capacity	(4) Date (MM-DD-YYYY)
D(1) Dorticinant's No	ame, Address and Tele	nhana Numbar	(2) Cianatura (D.)		(2) Title/Deletionship of the Individual If Cigning in a Depress	ntativa Canacity	(4) Data (44 DD)0000
D(1) Participant's Na	ille, Address and Tele	priorie ivuribei	(2) Signature (By)		(3) Title/Relationship of the Individual If Signing in a Represe	ilalive Capacity	(4) Date (MM-DD-YYYY)
C(1) Participant's Na	ame, Address and Tele	phone Number	(2) Signature (By)		(3) Title/Relationship of the Individual If Signing in a Represe	ntative Capacity	(4) Date (MM-DD-YYYY)
D(1) Participant's Na	ame, Address and Tele	phone Number	(2) Signature (By)		(3) Title/Relationship of the Individual If Signing in a Represe	ntative Capacity	(4) Date (MM-DD-YYYY)
F(1) Participant's Na	ame, Address and Tele	nhone Number	(2) Signature (By)	(3) Title/Relationship of the Individual If Signing in a Represe	ntative Canacity	(4) Date (MM-DD-YYYY)
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F(1) Participant's Na	me, Address and Tele	phone Number	(2) Signature (By)		(3) Title/Relationship of the Individual If Signing in a Represe	ntative Capacity	(4) Date (MM-DD-YYYY)
G(1) Participant's Na	ame, Address and Tele	nhone Number	(2) Signature (By)		(3) Title/Relationship of the Individual If Signing in a Represe	ntative Canacity	(4) Date (MM-DD-YYYY)
O(1) Tarticipant 3 No	arie, Address and Tele	priorie rambei	(2) Signature (By)		(5) The reductionship of the individual if Signing in a represe	native capacity	(4) Bate (MM-BB-1111)
H.(1) Participant's Na	ame, Address and Tele	phone Number	(2) Signature (By)		(3) Title/Relationship of the Individual If Signing in a Represe	ntative Capacity	(4) Date (MM-DD-YYYY)
I(1) Participant's Nar	me, Address and Telep	hone Number	(2) Signature (By)		(3) Title/Relationship of the Individual If Signing in a Represe	ntative Canacity	(4) Date (MM-DD-YYYY)
(1) Tarticipant's Nai	ne, Address and Telep	none number	(2) Signature (by)		(3) The/Telahonship of the marviada it Signing in a Represe	native Capacity	(4) Date (WW-DD-1111)
J(1) Participant's Na	me, Address and Telep	hone Number	(2) Signature (By)		(3) Title/Relationship of the Individual If Signing in a Represe	ntative Capacity	(4) Date (MM-DD-YYYY)