

1. To be completed by NRCS; check appropriate box: This transaction is for CCC. This transaction is for NRCS.

U.S. DEPARTMENT OF AGRICULTURE 2. Page 3 of 4

CONSERVATION PLAN SCHEDULE OF OPERATIONS

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.

3. NAME Sammy Soil			4. COUNTY Huron		5. STATE OH	6. CONTRACT OR AGREEMENT NO. 755E342001234					7. TOTAL ACRES UNDER CONTRACT 200					
ITEM NO.	FIELD	PLANNED CONSERVATION TREATMENT (Record of Decisions)	ESTIMATED AMOUNT (UNITS)	COST BASIS \$	COST SHARE OR PAYMENT RATE %	COMPLETION SCHEDULE AND ESTIMATED COST-SHARE OR PAYMENT BY YEAR (For Non-Cost Share Items Show Units)										REF. NO.
						14	15	16	17	18	19	20	21	22	23	
						Year 2020	Year 2021	Year 2022	Year 2023	Year 2024	Year	Year	Year	Year	Year	
8	9	10	11	12	13	24	25	26	27	28	29	30	31	32	33	34
	1,2	A. Total Cost-Share or Payment by Year														
		B. Total Contract Payment:														

NOTES:

A. All items numbered in column 8 on form AD-1155 must be carried out as a part of this contract to prevent violation.

B. When established, the conservation practices listed in column 8 must be maintained by the participant at no cost to the government.

C. Enter total cost per unit in column 12 on form AD-1155 unless the method of cost-share is flat rate. When flat rate, enter the amount per unit to be paid to the participant.

D. All cost share rates in column 13 are based on average cost with the following exceptions:
 AA = Actual costs not to exceed average cost.
 FR = Flat rate.
 NC = Non cost-shared.
 AM = Actual cost not to exceed a specified maximum.
 AP = Annual payment.
 NP = Non-Participant Payment

E. Modifications will be referenced by the number in column number 34 on form AD-1155.

F. By signing, the participant acknowledges receipt of this conservation plan including form AD-1155 and this form AD-1155A and agrees to comply with the terms and conditions hereof.

35. CERTIFICATION OF PARTICIPANTS

A. SIGNATURE	B. Date	C. SIGNATURE	D. Date	E. SIGNATURE	F. Date
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36. SIGNATURES OF REVIEWING OFFICIALS

A. District Conservationist – Technical Adequacy Certification	B. Date	C. APPROVED BY (Conservation District Representative)	D. Date
SIGNATURE		SIGNATURE	

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 collection is 0578-0013. The time required to complete this information collection is estimated to average 37.3 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.

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