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| <b>FSA-848</b><br>(06-16-25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>U.S. DEPARTMENT OF AGRICULTURE</b><br>Farm Service Agency | 1. ST. & CO. Code :                                 |                                |
| <b>COST-SHARE REQUEST</b><br><br><i>THIS REQUEST is submitted by the undersigned owners, operators, tenants, and/or producers (who individually may be referred to as "the Applicant"). By signing this form, the Applicant agrees to the following: 1) the Applicant is requesting cost-share assistance to perform a practice(s) designed to meet the objectives of the program referenced in Box 5; 2) the Applicant agrees that this practice(s) would not be performed without Federal cost-sharing; and, 3) if cost-sharing is approved for the practice(s) requested, the Applicant 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 Applicant (a) destroys the approved practice(s), or (b) voluntarily relinquishes control of or title to, the land on which the approved practice(s) has been established, and the new owner and/or operator of the land does not agree in writing to properly maintain the practice(s) for the remainder of its life span. The Applicant further agrees that if he or she begins the practice(s) before receiving written approval, he or she may be denied cost-share funding. Further, the Applicant hereby authorizes a representative of USDA to have access to the practice site area(s). Further, the applicant understands that form FSA-848-1 is by reference incorporated herein. BY SIGNING THIS APPLICATION, THE APPLICANT ACKNOWLEDGES RECEIPT OF THE FOLLOWING FORMS: FSA-848 AND ANY ADDENDUM THERETO.1</i> |                                                              | 2. County Office Name, Address and Telephone Number |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              | 3. Application Number                               |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              | 4. Program Code                                     | 5. Contract ID (If applicable) |

6. Description of Site and Practice Objectives

**EMERGENCY PROGRAMS ONLY**

|                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. Disaster Type:                                                                                                                                                                                                                                                                                                                                                                                   | 9. Livestock(s) (Select and list amount with units):                                                                                                                                                                                                                                                                                                                                                           |
| 8. Crop(s) (Select):<br><input type="checkbox"/> Flowers or Bulbs<br><input type="checkbox"/> Seed Crops<br><input type="checkbox"/> Orchards or Vineyards<br><input type="checkbox"/> Vegetables or Fruits<br><input type="checkbox"/> Grain or Row Crops<br><input type="checkbox"/> Hay Forage or Pasture<br><input type="checkbox"/> Field Grown Ornamentals<br><input type="checkbox"/> Other: | <input type="checkbox"/> Cattle:<br><input type="checkbox"/> Fish:<br><input type="checkbox"/> Swine:<br><input type="checkbox"/> Other animals raised exclusively for commercial food or fiber:<br><input type="checkbox"/> Buffalo/Beefalo:<br><input type="checkbox"/> Goats:<br><input type="checkbox"/> Horses, Mules or Donkeys:<br><input type="checkbox"/> Sheep:<br><input type="checkbox"/> Poultry: |

**10. PRACTICES REQUESTED**

| A.<br>Farm No.                 | B.<br>Tract No. | C.<br>Field No. | D.<br>Practice Control No. | E.<br>Practice Title | F.<br>Practice Units | G.<br>Practice Acres | H.<br>Extent Requested | I.<br>Requested Cost-Share |
|--------------------------------|-----------------|-----------------|----------------------------|----------------------|----------------------|----------------------|------------------------|----------------------------|
|                                |                 |                 |                            |                      |                      |                      |                        |                            |
|                                |                 |                 |                            |                      |                      |                      |                        |                            |
|                                |                 |                 |                            |                      |                      |                      |                        |                            |
| J. Total Requested Cost-Share: |                 |                 |                            |                      |                      |                      |                        |                            |

**11. APPLICANT'S REQUEST**

I (We) request cost-share assistance under the program to meet the objective(s) described above. The practice(s) on this request would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice(s) requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan(s) I, (a) destroy the approved practice(s), or (b) voluntarily relinquish control or title to, the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice(s) for the remainder of the lifespan(s). I understand that if I begin the practice before receiving written approval I may be denied funding.

|                                                   |                       |                                                                                    |                                                                                    |                                                                                          |                   |                                                                                 |                      |
|---------------------------------------------------|-----------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------|----------------------|
| A. Applicant's Name, Address and Telephone Number | B. Percent Share<br>% | C. Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | D. Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | E. Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | F. Signature (By) | G. Title/Relationship of the Individual If Signing in a Representative Capacity | H. Date (MM-DD-YYYY) |
|---------------------------------------------------|-----------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------|----------------------|

**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 applicant's agreement to comply with the terms and conditions contained in the cost-share request. 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.

**Public Burden Statement (Paperwork Reduction Act):** 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 4 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden by emailing to: [askusda@usda.gov](mailto:askusda@usda.gov). **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

By signing this form, the Applicant 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

| 12. APPLICATION INFORMATION         |                 |                                               |                            |                   |                               |                                |                                 |                              |                                          | EMERGENCY PROGRAMS ONLY                                  |                                          |                            |  |
|-------------------------------------|-----------------|-----------------------------------------------|----------------------------|-------------------|-------------------------------|--------------------------------|---------------------------------|------------------------------|------------------------------------------|----------------------------------------------------------|------------------------------------------|----------------------------|--|
| A. Program Code                     |                 | B. Program Year                               |                            | C. ST. & CO. Code |                               | D. Hydrologic Unit Code        |                                 | E. Application Number        |                                          | F. Contract ID                                           |                                          | G. Disaster ID             |  |
| 13. PRACTICES REQUESTED AND NEEDED  |                 |                                               |                            |                   |                               |                                |                                 |                              |                                          |                                                          |                                          |                            |  |
| A.<br>Farm No.                      | B.<br>Tract No. | C.<br>Field No.                               | D.<br>Practice Control No. |                   | E.<br>Primary Purpose Code    | F.<br>Practice Units           | G.<br>Practice Extent Requested | H.<br>Practice Extent Needed | I.<br>Requested Cost-Share Rate and Type |                                                          | J.<br>Requested Cost-Share               |                            |  |
|                                     |                 |                                               |                            |                   |                               |                                |                                 |                              |                                          |                                                          |                                          |                            |  |
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|                                     |                 |                                               |                            |                   |                               |                                |                                 |                              |                                          |                                                          | K. TOTALS:                               |                            |  |
| 14. COMPONENTS REQUESTED AND NEEDED |                 |                                               |                            |                   |                               |                                |                                 |                              |                                          |                                                          |                                          |                            |  |
| A.<br>Farm No.                      | B.<br>Tract No. | C.<br>Field No.                               | D.<br>Practice Control No. |                   | E.<br>Component No.           | F.<br>Component Title          |                                 | G.<br>Component Units        | H.<br>Component Extent Requested         | I.<br>Component Extent Needed                            | J.<br>Requested Cost-Share Rate and Type | K.<br>Requested Cost-Share |  |
|                                     |                 |                                               |                            |                   |                               |                                |                                 |                              |                                          |                                                          |                                          |                            |  |
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|                                     |                 |                                               |                            |                   |                               |                                |                                 |                              |                                          |                                                          |                                          |                            |  |
| 15. TECHNICAL PRACTICES PLANNED     |                 |                                               |                            |                   |                               |                                |                                 |                              |                                          |                                                          |                                          |                            |  |
| A.<br>Farm No.                      | B.<br>Tract No. | C.<br>Field No.                               | D.<br>Practice Control No. |                   | E.<br>Technical Practice Code | F.<br>Technical Practice Title |                                 |                              | G.<br>Technical Practice Units           | H.<br>Technical Practice Cost-Shared                     | I.<br>Technical Practice Extent Planned  |                            |  |
|                                     |                 |                                               |                            |                   |                               |                                |                                 |                              |                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                          |                            |  |
|                                     |                 |                                               |                            |                   |                               |                                |                                 |                              |                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                          |                            |  |
|                                     |                 |                                               |                            |                   |                               |                                |                                 |                              |                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                          |                            |  |
| 16. Needs Determination             |                 | A.<br>Signature of Technical Service Provider |                            | B.<br>Date        | C.<br>Affiliation             | D.<br>Practice Control No.     | E.<br>Date Referred             | F.<br>Referral Expiration    | G.<br>Needs Statement                    |                                                          |                                          |                            |  |
|                                     |                 |                                               |                            |                   |                               |                                |                                 |                              |                                          |                                                          |                                          |                            |  |
|                                     |                 |                                               |                            |                   |                               |                                |                                 |                              |                                          |                                                          |                                          |                            |  |
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**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

**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 applicant's agreement to comply with the terms and conditions contained in the cost-share request. 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.

*By signing this form, the Applicant 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**

|                                   |  |  |  |
|-----------------------------------|--|--|--|
| 2. ADDITIONAL PRACTICES REQUESTED |  |  |  |
|-----------------------------------|--|--|--|

in accordance with Federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program\\_intake@usda.gov](mailto:program_intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

| 3. APPLICATION INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                                                     |                                                                                     |                                                                                           |                    | EMERGENCY PROGRAMS ONLY                                                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------|--------------------------|
| A. Program Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | B. Program Year        | C. ST. & CO. Code                                                                   | D. Application Number                                                               |                                                                                           | E. Contract ID     | F. Disaster ID                                                                   |                          |
| <b>4. ADDITIONAL APPLICANTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                                     |                                                                                     |                                                                                           |                    |                                                                                  |                          |
| <i>I (We) request cost-share assistance under the program to meet the objective(s) described above. I agree that the practice(s) on this request would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice(s) requested, I agree to refund all or part of the funds paid to me, as determined by the Approving Official, if, before expiration of the specified practice lifespan(s) I, (a) destroy the approved practice(s), or (b) voluntarily relinquish control or title to, the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice(s) for the remainder of the lifespan(s). I understand that if I begin the practice before receiving written approval I may be denied funding.</i> |                        |                                                                                     |                                                                                     |                                                                                           |                    |                                                                                  |                          |
| A(1) Applicant's Name, Address and Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (2) Percent Share<br>% | (3) Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (4) Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (5) Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (6) Signature (By) | (7) Title/Relationship of the Individual If Signing in a Representative Capacity | (8) Date<br>(MM-DD-YYYY) |
| B(1) Applicant's Name, Address and Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (2) Percent Share<br>% | (3) Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (4) Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (5) Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (6) Signature (By) | (7) Title/Relationship of the Individual If Signing in a Representative Capacity | (8) Date<br>(MM-DD-YYYY) |
| C(1) Applicant's Name, Address and Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (2) Percent Share<br>% | (3) Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (4) Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (5) Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (6) Signature (By) | (7) Title/Relationship of the Individual If Signing in a Representative Capacity | (8) Date<br>(MM-DD-YYYY) |
| D(1) Applicant's Name, Address and Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (2) Percent Share<br>% | (3) Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (4) Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (5) Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (6) Signature (By) | (7) Title/Relationship of the Individual If Signing in a Representative Capacity | (8) Date<br>(MM-DD-YYYY) |
| E(1) Applicant's Name, Address and Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (2) Percent Share<br>% | (3) Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (4) Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (5) Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (6) Signature (By) | (7) Title/Relationship of the Individual If Signing in a Representative Capacity | (8) Date<br>(MM-DD-YYYY) |
| F(1) Applicant's Name, Address and Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (2) Percent Share<br>% | (3) Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (4) Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (5) Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (6) Signature (By) | (7) Title/Relationship of the Individual If Signing in a Representative Capacity | (8) Date<br>(MM-DD-YYYY) |
| G(1) Applicant's Name, Address and Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (2) Percent Share<br>% | (3) Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (4) Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (5) Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (6) Signature (By) | (7) Title/Relationship of the Individual If Signing in a Representative Capacity | (8) Date<br>(MM-DD-YYYY) |
| H(1) Applicant's Name, Address and Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (2) Percent Share<br>% | (3) Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (4) Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (5) Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (6) Signature (By) | (7) Title/Relationship of the Individual If Signing in a Representative Capacity | (8) Date<br>(MM-DD-YYYY) |

| 5 APPLICATION INFORMATION          |                 |                                               |                            |                               |                                |                                 |                                  |                                          |                                                          | EMERGENCY PROGRAMS ONLY                 |                |
|------------------------------------|-----------------|-----------------------------------------------|----------------------------|-------------------------------|--------------------------------|---------------------------------|----------------------------------|------------------------------------------|----------------------------------------------------------|-----------------------------------------|----------------|
| A. Program Code                    |                 | B. Program Year                               |                            | C. ST. & CO. Code             |                                | D. Application Number           |                                  |                                          | E. Contract ID                                           |                                         | F. Disaster ID |
| 6. PRACTICES REQUESTED AND NEEDED  |                 |                                               |                            |                               |                                |                                 |                                  |                                          |                                                          |                                         |                |
| A.<br>Farm No.                     | B.<br>Tract No. | C.<br>Field No.                               | D.<br>Practice Control No. | E.<br>Primary Purpose Code    | F.<br>Practice Units           | G.<br>Practice Extent Requested | H.<br>Practice Extent Needed     | I.<br>Requested Cost-Share Rate and Type | J.<br>Requested Cost-Share                               |                                         |                |
|                                    |                 |                                               |                            |                               |                                |                                 |                                  |                                          |                                                          |                                         |                |
|                                    |                 |                                               |                            |                               |                                |                                 |                                  |                                          |                                                          |                                         |                |
|                                    |                 |                                               |                            |                               |                                |                                 |                                  |                                          |                                                          |                                         |                |
| 7. COMPONENTS REQUESTED AND NEEDED |                 |                                               |                            |                               |                                |                                 |                                  |                                          |                                                          |                                         |                |
| A.<br>Farm No.                     | B.<br>Tract No. | C.<br>Field No.                               | D.<br>Practice Control No. | E.<br>Component No.           | F.<br>Component Title          | G.<br>Component Units           | H.<br>Component Extent Requested | I.<br>Component Extent Needed            | J.<br>Requested Cost-Share Rate and Type                 | K.<br>Requested Cost-Share              |                |
|                                    |                 |                                               |                            |                               |                                |                                 |                                  |                                          |                                                          |                                         |                |
|                                    |                 |                                               |                            |                               |                                |                                 |                                  |                                          |                                                          |                                         |                |
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|                                    |                 |                                               |                            |                               |                                |                                 |                                  |                                          |                                                          |                                         |                |
| 8. TECHNICAL PRACTICES PLANNED     |                 |                                               |                            |                               |                                |                                 |                                  |                                          |                                                          |                                         |                |
| A.<br>Farm No.                     | B.<br>Tract No. | C.<br>Field No.                               | D.<br>Practice Control No. | E.<br>Technical Practice Code | F.<br>Technical Practice Title |                                 |                                  | G.<br>Technical Practice Units           | H.<br>Technical Practice Cost-Shared                     | I.<br>Technical Practice Extent Planned |                |
|                                    |                 |                                               |                            |                               |                                |                                 |                                  |                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                         |                |
|                                    |                 |                                               |                            |                               |                                |                                 |                                  |                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                         |                |
|                                    |                 |                                               |                            |                               |                                |                                 |                                  |                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                         |                |
| 9. Needs Determination             |                 | A.<br>Signature of Technical Service Provider |                            | B.<br>Date                    | C.<br>Affiliation              | D.<br>Practice Control No.      | E.<br>Date Referred              | F.<br>Referral Expiration                | G.<br>Needs Statement                                    |                                         |                |
|                                    |                 |                                               |                            |                               |                                |                                 |                                  |                                          |                                                          |                                         |                |
|                                    |                 |                                               |                            |                               |                                |                                 |                                  |                                          |                                                          |                                         |                |
|                                    |                 |                                               |                            |                               |                                |                                 |                                  |                                          |                                                          |                                         |                |