

FSA-848A (06-16-25)						U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency						1. ST. & CO. Code : 2. County Office Name, Address and Telephone Number			
COST-SHARE AGREEMENT (See Page 2 for Privacy Act and Burden Statements)												3. Application Number		4. Agreement Number	
<i>THIS AGREEMENT is entered into between the Farm Service Agency (referred to as "FSA") and the undersigned owners, operators, tenants, and/or producers (who individually will herein be referred to as "the Participant"). By signing this form, the Participant agrees 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 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 Participant further agrees that if he or she began the practice(s) before receiving written approval, he or she may be denied cost-share funding. Further, the Participant hereby authorizes a representative of USDA to have access to the practice site area(s). Further, the participant understands that form FSA-848A-1 is by reference incorporated herein. BY SIGNING THIS AGREEMENT, THE PARTICIPANT ACKNOWLEDGES RECEIPT OF THE FOLLOWING FORMS: FSA-848A AND ANY ADDENDUM THERETO.</i>												5. Program Year		6. Disaster ID Number	
												7. Program Code		8. Contract ID (If applicable)	
9. PRACTICES APPROVED															
A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Program Accounting Code	F. Fund Code	G. Practice Units	H. Practice Extent Approved	I. Practice Expiration Date	J. Practice Life Span	K. Approved Cost-Share Rate and Type	L. Approved Cost-Share				
M. TOTALS:															
10. COMPONENTS APPROVED															
A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Component No.	F. Component Title	G. Component Units	H. Component Extent Approved	I. Approved Cost-Share Rate and Type	J. Approved Cost-Share						
11. USDA USE ONLY – Application Approval			A. Signature of FSA Representative				B. Date (MM-DD-YYYY)		C. Cost-Share Willing to Approve		D. Cost-Share Approved				
12. PARTICIPANT APPROVAL ACKNOWLEDGEMENT															
<i>Your request for program cost-sharing to perform the practice(s) shown above is approved for the farm(s) identified above. By signing below, you agree to complete the specified practice(s) and components on or before the practice expiration date(s). To receive payment or credit for any cost-shares earned on these practice(s), report performance on the FSA-848B and file with the issuing office by the practice expiration date(s) listed above. If you decide not to perform this practice, or if you cannot complete it by the practice expiration date, please notify the Approving Official's office in writing at once.</i>															
A. Participant's Name, Address and Telephone Number					B. Signature (By)			C. Title/Relationship of the Individual If Signing in a Representative Capacity			D. Date (MM-DD-YYYY)				

13. AGREEMENT INFORMATION					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: <i>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.</i> <i>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. 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. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</i> <i>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.</i>					

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. USDA is an equal opportunity provider, employer, and lender.

FSA-848A-1
(06-16-25)**U.S. DEPARTMENT OF AGRICULTURE**
Farm Service Agency**CONTINUATION SHEET FOR COST-SHARE AGREEMENT**

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 1 minute 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. **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.

1. AGREEMENT INFORMATION

A. Program Code	B. Program Year	C. ST. & CO. Code	D. Agreement Number	E. Contract ID	EMERGENCY PROGRAMS ONLY F. Disaster ID
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2. PRACTICES APPROVED

A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Program Accounting Code	F. Fund Code	G. Practice Units	H. Practice Extent Approved	I. Practice Expiration Date	J. Practice Life Span	K. Approved Cost-Share Rate and Type	L. Approved Cost-Share

3. COMPONENTS APPROVED

A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Component No.	F. Component Title	G. Component Units	H. Component Extent Approved	I. Approved Cost-Share Rate and Type	J. Approved Cost-Share

4. REMARKS

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.

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

6. ADDITIONAL APPROVED PARTICIPANTS

Your request for program cost-sharing to perform the practice(s) shown above is approved for the farm(s) identified above. By signing below, you agree to complete the specified practice(s) and components on or before the practice expiration date(s). To receive payment or credit for any cost-shares earned on these practice(s), report performance on the FSA-848B and file with the issuing office by the practice expiration date(s) listed above. If you decide not to perform this practice, or if you cannot complete it by the practice expiration date, please notify the Approving Official's office in writing at once.

A(1) Participant's Name, Address and Telephone Number	(2) Signature (By)	(3) Title/Relationship of the Individual If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)
B(1) Participant's Name, Address and Telephone Number	(2) Signature (By)	(3) Title/Relationship of the Individual If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)
C(1) Participant's Name, Address and Telephone Number	(2) Signature (By)	(3) Title/Relationship of the Individual If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)
D(1) Participant's Name, Address and Telephone Number	(2) Signature (By)	(3) Title/Relationship of the Individual If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)
E(1) Participant's Name, Address and Telephone Number	(2) Signature (By)	(3) Title/Relationship of the Individual If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)
F(1) Participant's Name, Address and Telephone Number	(2) Signature (By)	(3) Title/Relationship of the Individual If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)
G(1) Participant's Name, Address and Telephone Number	(2) Signature (By)	(3) Title/Relationship of the Individual If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)
H(1) Participant's Name, Address and Telephone Number	(2) Signature (By)	(3) Title/Relationship of the Individual If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)
I(1) Participant's Name, Address and Telephone Number	(2) Signature (By)	(3) Title/Relationship of the Individual If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)
J(1) Participant's Name, Address and Telephone Number	(2) Signature (By)	(3) Title/Relationship of the Individual If Signing in a Representative Capacity	(4) Date (MM-DD-YYYY)