

```

<!DOCTYPE html>
<html>
<head>
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  <title>EMERGENCY CONSERVATION PROGRAM COST SHARE AGREEMENT</title>
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  <meta name="author" content="CD"/>
  <meta name="created" content="2026-06-10T14:21:00"/>
  <meta name="changedby" content="Berry, Michelle - FPAC-FSA, MO"/>
  <meta name="changed" content="2026-06-10T14:35:46"/>
  <meta name="AppVersion" content="16.0000"/>
  <meta name="ContentTypeId" content="0x01010019FAD0BA64CDB64099B7E08FD0EE
1B67"/>
  <meta name="Creator" content="Microsoft® Publisher for Microsoft 365"/>
  <meta name="MediaServiceImageTags" content=""/>
  <style type="text/css">
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3in; margin-top: 0.33in; margin-bottom: 0.39in }
    p { line-height: 0.13in; text-align: left; orphans: 0; widows: 0
; margin-left: 8.34in; margin-bottom: 0in; direction: ltr; background: transpare
nt }
    p.western { font-family: "Calibri", serif; font-size: 9pt }
    p.cjk { font-family: "Calibri"; font-size: 9pt }
    p.cnt { font-family: "Calibri"; font-size: 9pt }
    a:link { color: #0000ff; text-decoration: underline }
  </style>
</head>
<body lang="en-US" link="#0000ff" vlink="#800000" dir="ltr">
<div id="TextSection" dir="ltr"><p class="western" align="right" style="line-hei
ght: 0.13in; margin-right: 0.15in; margin-top: 0.03in">
  <font face="Arial, serif">OMB</font><font face="Arial, serif"><span styl
e="letter-spacing: -0.3pt">
    Approval </span></font><font face="Arial, serif">No.</font><font face="A
rial, serif"><span style="letter-spacing: -0.2pt">
  </span></font><font face="Arial, serif"><span style="letter-spacing: -0.
2pt">0560-0082</span></font></p>
  <p class="western" align="right" style="line-height: 0.13in; margin-left
: 0in; margin-right: 0.15in">
    <font face="Arial, serif">OMB
    Expiration Date: XX/XX/XXX</font></p>
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      <col width="52"/>
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      <col width="34"/>
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      <col width="82"/>
    </colgroup>
    <colgroup>
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      <col width="82"/>
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  </table>

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        <col width="82"/>
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</tbody>

```

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er-left: 1px solid #000000; border-right: none; padding-top: 0in; padding-bottom
: 0in; padding-left: 0in; padding-right: 0in"><p style="margin-left: 0.02in">
                <font face="Times New Roman, serif"><font
t size="2" style="font-size: 11pt"><sup><font face="Arial, serif"><font size="2"
style="font-size: 10pt"><span style="letter-spacing: -0.1pt"><b>FSA-801B</b></s
pan></font></font></sup></font></font></p>
                <p style="margin-left: 0.02in"><font fac
e="Times New Roman, serif"><font size="2" style="font-size: 11pt"><sup><font fac
e="Arial, serif"><font size="2" style="font-size: 9pt">(12-05
-25)</font></font></sup></font></font></p>
            </td>
            <td rowspan="5" colspan="5" width="358" style="b
order-top: 1px solid #000000; border-bottom: 1px solid #000000; border-left: non
e; border-right: none; padding: 0in"><p align="center" style="margin-left: 0in;
margin-right: 0.06in">
                <font face="Times New Roman, serif"><font
t size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" styl
e="font-size: 9pt"><b>U.S.
                DEPARTMENT OF AGRICULTURE</b></font></fo
nt></font></font></p>
                <p align="center" style="margin-left: 0i
n; margin-right: 0.06in">
                <font face="Times New Roman, serif"><font
t size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" styl
e="font-size: 9pt">Farm

```

t></p>

.55in; margin-left: 0in; margin-right: 1in">

</p>
<p align="center" style="text-indent: -0.55in; margin-left: 0in; margin-right: 1in">

</p>
<p align="center" style="margin-left: 0.06in; margin-right: 0.13in">

t size="2" style="font-size: 11pt">EMERGENCY
CONSERVATION PROGRAM </p>
</p>
<p align="center" style="margin-left: 0.06in; margin-right: 0.13in">

t size="2" style="font-size: 11pt">COST
SHARE AGREEMENT</p>
</p>

</td>
<td rowspan="5" colspan="3" width="112" style="border-top: 1px solid #000000; border-bottom: 1px solid #000000; border-left: none; border-right: 1px solid #000000; padding: 0in"><p style="margin-left: 0.06in; margin-right: 0.13in">

</p>
</td>
<td colspan="8" width="394" bgcolor="#d9d9d9" style="background: #d9d9d9; border-top: 1px solid #000000; border-bottom: 1px solid #000000; border-left: 1px solid #000000; border-right: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p align="center" style="margin-left: 0.09in; margin-right: 0.13in">
DISASTER
INFORMATION <i>(For
County Office Use Only)</i></p>
</td>

</tr>
</tbody>
<tbody>
<tr valign="top">
<td colspan="5" width="190" style="border-top: 1px solid #000000; border-bottom: 1px solid #000000; border-left: 1px solid #000000; border-right: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p style="margin-left: 0.06in; margin-right: 0.13in">
DISASTER
INFORMATION <i>(For
County Office Use Only)</i></p>


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00; border-right: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p style="margin-left: 0.06in; margin-right: 0.19in">
    <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 9pt">5.
    Disaster Event ID</font></font></font></font></p>
    <p style="margin-left: 0.06in; margin-right: 0.06in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="2" style="font-size: 10pt">
    </font></font></font></font></p>
    </td>
    <td colspan="3" width="202" style="border: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p style="margin-left: 0.06in; margin-right: 0.92in">
    <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 9pt">6.
    Disaster Type</font></font></font></font></p>
    <p style="margin-left: 0.06in; margin-right: 0.06in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="2" style="font-size: 10pt">
    </font></font></font></font></p>
    </td>
    </tr>
    </tbody>
    <tbody>
    <tr>
    <td colspan="3" width="136" style="border-top: 1px solid #000000; border-bottom: 1px solid #000000; border-left: 1px solid #000000; border-right: none; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p class="western" style="margin-left: 0.06in">
    <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 9pt">7.
    Application Number:</font></font></font></font></p>
    </td>
    <td colspan="5" width="256" style="border-top: 1px solid #000000; border-bottom: 1px solid #000000; border-left: none; border-right: 1px solid #000000; padding: 0in"><p class="western" style="margin-left: 0in">
    <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="2" style="font-size: 10pt">
    </font></font></font></font></p>
    </td>
    </tr>
    </tbody>
    <tbody>
    <tr>
    <td colspan="18" width="970" height="13" valign="top" style="border-top: 1px solid #000000; border-bottom: none; border-left: 1px solid #000000; border-right: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p class="western" style="margin-left: 0.06in">
    <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 10pt"><i><b>INSTRUCTIONS:
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        </b></i></font></font><font face="Arial,
    serif"><font size="2" style="font-size: 10pt">
        Return completed form to your Administra
tive County FSA Office
        or USDA Service Center: </font></font><f
ont face="Arial, serif"><font size="2" style="font-size: 10pt"><i>(Name
and address)</i></font></font></font></f
ont></p>
    </td>
</tr>
<tr valign="top">
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order-top: none; border-bottom: 1px solid #000000; border-left: 1px solid #000000; border-right: none; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p class="western" style="margin-left: 0in">
        <br/>
    </p>
    </td>
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none; border-bottom: 1px solid #000000; border-left: none; border-right: 1px sol
id #000000; padding: 0in"><p class="western" style="margin-left: 0.06in">
        <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="2" style="font-size: 10pt">
    </font></font></font></font></p>
    </td>
</tr>
</tbody>
<tbody>
    <tr>
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="#000000" style="background: #000000; border: 1px solid #000000; padding-top: 0
in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p class="wester
n" style="margin-left: 0.06in">
            <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><b>PART
A – APPLICANT INFORMATION</b></font></fo
nt></font></p>
        </td>
    </tr>
</tbody>
<tbody>
    <tr>
        <td colspan="18" width="970" height="37" valign=
"top" style="border: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; p
adding-left: 0in; padding-right: 0in"><p class="western" style="margin-left: 0.0
6in">
            <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" styl
e="font-size: 10pt">1.
            Applicant's Name </font></font><font fac
e="Arial, serif"><font size="2" style="font-size: 10pt"><i>(Individual
or Legal Entity)</i></font></font></font>
        </font></p>
        <p class="western" style="margin-left: 0
.06in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt
"><font face="Courier New, serif"><font size="2" style="font-size: 10pt">
    </font></font></font></font></p>
    </td>
</tr>

```

</tbody>
<tbody>

<tr valign="top">
<td rowspan="2" colspan="11" width="592" height="18" style="border: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p class="western" style="margin-left: 0.06in">
2A.
Address Line 1</p></td>

<p class="western" style="margin-left: 0.06in"></p>

</td>
<td colspan="7" width="376" style="border-top: 1px solid #000000; border-bottom: none; border-left: 1px solid #000000; border-right: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p class="western" style="margin-left: 0.06in">

3A.

Primary Phone Number
☐

Home☐
Cell</p>

</td>
</tr>
<tr valign="top">
<td colspan="7" width="376" style="border-top: none; border-bottom: 1px solid #000000; border-left: 1px solid #000000; border-right: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p class="western" style="margin-left: 0.06in">
</p>

</td>
</tr>
</tbody>
<tbody>

<tr valign="top">
<td rowspan="2" colspan="11" width="592" height="18" style="border: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p class="western" style="margin-left: 0.06in">
2B.
Address Line 2</p></td>

<p class="western" style="margin-left: 0.06in">

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"><font face="Courier New, serif"><font size="2" style="font-size: 10pt">    </font></font></font></p>
    </td>
    <td colspan="7" width="376" style="border-top: 1px solid #000000; border-bottom: none; border-left: 1px solid #000000; border-right: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p class="western" style="margin-left: 0.06in">
        <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 10pt">3B.
            Alternate Phone Number
        </font></font><font face="Courier New, serif"><font size="2" style="font-size: 10pt"><input type="checkbox"/>
        </font></font><font face="Arial, serif">
    <font size="2" style="font-size: 10pt">Home
        </font></font><font face="Courier New, serif"><font size="2" style="font-size: 10pt"><input type="checkbox"/>
        </font></font><font face="Arial, serif">
    <font size="2" style="font-size: 10pt">Cell</font></font></font></font></p>
    </td>
</tr>
<tr valign="top">
    <td colspan="7" width="376" style="border-top: none; border-bottom: 1px solid #000000; border-left: 1px solid #000000; border-right: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p class="western" style="margin-left: 0.06in">
        <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="2" style="font-size: 10pt">
    </font></font></font></font></p>
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</tr>
</tbody>
<tbody>
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            <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 10pt">2C.
                City</font></font></font></font></p>
            <p class="western" style="margin-left: 0.06in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt">
                <font face="Courier New, serif"><font size="2" style="font-size: 10pt">    </font></font></font></font></p>
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            <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 10pt">2D.
                State</font></font></font></font></p>
            <p class="western" style="margin-left: 0.06in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt">
                <font face="Courier New, serif"><font size="2" style="font-size: 10pt"> </font></font></font></font></p>
        </td>
        <td colspan="3" width="112" style="border: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-

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right: 0in"><p class="western" style="margin-left: 0.06in">
    <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 10pt">2E.
    Zip</font></font></font></font></p>
    <p class="western" style="margin-left: 0.06in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="2" style="font-size: 10pt">    </font></font></font></font></p>
    </td>
    <td colspan="7" width="376" style="border: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p class="western" style="margin-left: 0.06in">
        <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 10pt">4.
        Email Address</font></font></font></font>
    </p>
    <p class="western" style="margin-left: 0.06in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="2" style="font-size: 10pt">    </font></font></font></font></p>
    </td>
</tr>
</tbody>
<tbody>
    <tr>
        <td colspan="18" width="970" height="19" bgcolor="#000000" style="background: #000000; border: none; padding: 0in"><p style="margin-left: 0.03in">
            <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font color="#ffffff"><font face="Arial, serif"><b>PART</b></font></font><font color="#ffffff"><font face="Arial, serif"><span style="letter-spacing: -0.1pt"><b>
                B</b></span></font></font><font color="#ffffff"><font face="Arial, serif"><span style="letter-spacing: 2.4pt"><b>
                    - </b></span></font></font><font color="#ffffff"><font face="Arial, serif"><b>PAYMENT
                    SCENARIO </b></font></font><font color="#ffffff"><font face="Arial, serif"><span style="letter-spacing: -0.1pt"><b>INFORMATION</b></span></font></font></font></font></p>
            </td>
        </tr>
        <tr>
            <td colspan="18" width="970" height="25" style="border-top: none; border-bottom: 1px solid #000000; border-left: 1px solid #000000; border-right: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p style="margin-left: 0.04in">
                <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 10pt"><span style="letter-spacing: -0.5pt">1.
                Advance</span></font></font><font face="Arial, serif"><font size="2" style="font-size: 10pt"><span style="letter-spacing: -0.5pt">Payment</span></font></font><font face="Arial, serif"><font size="2" style="font-size: 10pt"><span style="letter-spacing: -0.6pt">
                </span></font></font><font face="Arial, serif"><font size="2" style="font-size: 10pt"><span style="letter-spacing: -0.5pt">

```

[illegible]

Practice	Physical	County
4.	Scenario	Number
5.	Payment	Scenario
Description	Description	

Unit of Measure	Extent Requested
8.	Approved
9.	Producer

```
t size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" styl
e="font-size: 9pt"><span style="letter-spacing: -0.1pt">Share
(%)</span></font></font></font></font></
p>
</td>
<td width="70" style="border: 1px solid #000000;
padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><
p align="center" style="margin-left: 0.04in; margin-right: 0.04in">
<font face="Times New Roman, serif"><font
size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" styl
e="font-size: 9pt">10.</font></font></font></font></p>
<p align="center" style="margin-left: 0.
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<font face="Times New Roman, serif"><font
size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" styl
e="font-size: 9pt">Practice
Expiration Date</font></font></font></fo
nt></p>
</td>
<td width="82" style="border: 1px solid #000000;
padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><
p align="center" style="margin-left: 0.04in">
<font face="Times New Roman, serif"><font
size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" styl
e="font-size: 9pt">11.
</font></font></font></font>
</p>
<p align="center" style="margin-left: 0.
04in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"
><font face="Arial, serif"><font size="2" style="font-size: 9pt">Agency
Determination Date</font></font></font><
/font></p>
</td>
</tr>
</tbody>
<tbody>
<tr>
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<font face="Times New Roman, serif"><font
size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="1
" style="font-size: 8pt"></font></font></font></font></p>
</td>
<td colspan="3" width="94" style="border: 1px so
lid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-r
ight: 0in"><p align="center" style="margin-left: 0.04in">
<font face="Times New Roman, serif"><font
size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="1
" style="font-size: 8pt"></font></font></font></font></p>
</td>
<td width="82" style="border: 1px solid #000000;
padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><
p align="center" style="margin-left: 0.04in">
<font face="Times New Roman, serif"><font
size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="1
" style="font-size: 8pt"></font></font></font></font></p>
</td>
<td colspan="4" width="286" style="border: 1px s
olid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-
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right: 0in"><p align="center" style="margin-left: 0.03in">
    <font face="Times New Roman, serif"><font
t size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="1
" style="font-size: 8pt">    </font></font></font></font></p>
    </td>
    <td colspan="2" width="70" style="border: 1px so
lid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-r
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FSA-801B

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PART

C - PRODUCER ACKNOWLEDGMENT</p>

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By

signing

this

agreement,

you

are

certifying

that

you

</p>

cannot

afford

to

complete

the

repairs

without

federal

assistance

and

acknowledging

that:

- Cost

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cannot

be

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serif">cost

share

program

for the same or similar activity(ies).</p>

-
-
- <p style="margin-right: 0.33in">Actual

cost

share

will

be

based

off

the

extent

of activities

performed

in

compliance

with

Natural Resource Conservation Services (NRCS)

Standards

and

Specifications.

Fence repair

does

not

have

to meet

standards,

but

cost share is paid at a reduced rate versus fence replacement.

- Cost
- share
- is
- based
- on
- the
- typical
- average
- cost
- and
- is
- not
- based
- on
- submitted

receipts.

- Total
- cost
- share
- paid
- cannot
- exceed
- 50
- percent
- of
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- land,

serif">you

must

provide

verification

that

the

advance

payment

has

been

expended

within

the applicable time allowed by policy, following

receipt

of payment,

or

the

advance payment must be refunded, less a

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partial performance completed.</p>

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f"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="
2" style="font-size: 10pt"><b>You
            must return this completed and signed fo
rm to your County FSA
            Office within 15 days of receipt.</b></f
ont></font></font></font></p></li>
        </ul>
    </td>
</tr>
<tr>
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        <font face="Times New Roman, serif"><font size="
2" style="font-size: 11pt"><font color="#ffffff"><font face="Arial, serif"><b>PA
RT</b></font></font><font color="#ffffff"><font face="Arial, serif"><span style=
"letter-spacing: -0.3pt"><b>
            D - </b></span></font></font><font color="#fffff
f"><font face="Arial, serif"><span style="letter-spacing: 2.0pt"><b>
            </b></span></font></font><font color="#ffffff"><
font face="Arial, serif"><b>FSA
            APPROVAL</b></font></font></font></font></p>
    </td>
</tr>
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        <font face="Times New Roman, serif"><font size="
2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-
size: 10pt">1.
            Signature</font></font><font face="Arial, serif"
><font size="2" style="font-size: 10pt"><span style="letter-spacing: -0.3pt">
            of FSA Representative</span></font></font></font
></font></p>
    </td>
    <td width="412" style="border: 1px solid #000000; paddin
g: 0in 0in"><p style="margin-left: 0.02in; margin-right: 0.13in">
        <font face="Times New Roman, serif"><font size="
2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-
size: 10pt">2.
            Title</font></font></font></font></p>
        <p style="margin-left: 0.02in; margin-right: 0.1
3in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt">
<font face="Courier New, serif"><font size="2" style="font-size: 10pt">    </fon
t></font></font></font></p>
    </td>
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g: 0in 0in"><p style="text-indent: -0.15in; margin-left: 0.19in">
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2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-
size: 10pt">3.
            Date</font></font><font face="Arial, serif"><font
size="2" style="font-size: 10pt"><span style="letter-spacing: -0.2pt">
            </span></font></font><font face="Arial, serif"><
font size="2" style="font-size: 10pt"><span style="letter-spacing: -0.2pt"><i>(I
ndicates

```

the date FSA approved this agreement)	
(MM/DD/YYYY)	
New Roman, serif	
PA RT	
PRODUCER	
CONCURRENCE	
1.	
Signature	
(By)	
2.	
Title/Relationship of Representative	
3.	

Date

(MM/DD/YYYY)

New Roman, serif

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

Section1

</p>

<p class="western" style="line-height: 100%; margin-left: 0in">

</p>

<p class="western" style="line-height: 100%; margin-left: 0in; page-break-before: always">

FSA-801B

^{12-05-25}) Page

3 of 3</p>

<p class="western" style="line-height: 100%; margin-left: 0in">

</p>

<p align="justify" style="line-height: 100%; margin-left: 0.02in; margin-right: 0.13in">

<i>Privacy Act Statement:</i><i>

The</i><i>

</i><i>following</i><i>

</i><i>statement</i><i>

</i><i>is</i><i>

</i><i>made</i><i>

</i><i>in</i><i>

</i><i>accordance</i><i>

</i><i>with</i><i>

</i><i>the</i><i>

</i><i>Privacy</i><i>

</i><i>Act</i><i>

</i><i>of</i><i>

1974

(5)

U.S.C.

552a

-

as

amended).

The

authority

for

requesting

the

information

identified

on

this

form

is

Emergency Conservation Program, Emergency Forest Restoration Program, and Certain Related Programs Previously Administered Under this Part

7

C.F.R.

Part 701 and Emergency Conservation Program (*16 U.S.C. § 2201*).

The information will be used to determine eligibility to participate and receive benefits under a cost-share assistance program.

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 (PRA)): *According to the Paperwork Reduction Act requirement, 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, and the collection is voluntary. The time required to complete this information collection is estimated to average 2 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

Non-Discrimination Statement:

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.

</p>

<p align="justify" style="line-height: 100%; margin-left: 0.02in; margin-right: 0.06in">

<i>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.</i></p>

<p align="justify" style="line-height: 100%; margin-left: 0.02in; margin-right: 0.06in">

</p>

<p align="justify" style="line-height: 100%; margin-left: 0.02in; margin-right: 0.06in">

<i>To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at

</i><u><i>https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint</i></u><font face="

Arial, serif"><i>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:

</i><u><i>program.intake@usda.gov</i></u><i>.

</i>

</p>

<p align="justify" style="line-height: 100%; margin-left: 0.02in; margin-right: 0.06in">

</p>

<p align="justify" style="line-height: 100%; margin-left: 0.02in; margin-right: 0.06in">

<i>USDA is an equal opportunity provider, employer, and lender.</i></p>

<p class="western" style="line-height: 100%; margin-left: 0in">

</p>

<p class="western" align="right" style="line-height: 0.13in; margin-right: 0.15in; page-break-before: always">

OMB Approval No. 0560-0082</p>

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<p class="western" align="right" style="line-height: 0.13in; text-indent
: 0.5in; margin-left: 7.5in; margin-right: 0.15in; margin-top: 0.03in">
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0in; padding-left: 0in; padding-right: 0in"><p style="margin-left: 0.02in">
                <font face="Times New Roman, serif"><fon

```

t size="2" style="font-size: 11pt">^{FSA-801B-1}</p>
<p style="margin-left: 0.02in">^{(12-05-25)}</p>
</td>
<td rowspan="5" colspan="4" width="358" style="border-top: 1px solid #000000; border-bottom: 1px solid #000000; border-left: none; border-right: none; padding: 0in"><p align="center" style="margin-left: 0in; margin-right: 0.06in">
U.S.
DEPARTMENT OF AGRICULTURE</p>
<p align="center" style="margin-left: 0in; margin-right: 0.06in">
Farm
Service Agency</p>
<p align="center" style="text-indent: -0.55in; margin-left: 0in; margin-right: 1in">

</p>
<p align="center" style="text-indent: -0.55in; margin-left: 0in; margin-right: 1in">

</p>
<p align="center" style="margin-left: 0.06in; margin-right: 0.13in">
EMERGENCY
CONSERVATION PROGRAM </p>
<p align="center" style="margin-left: 0.06in; margin-right: 0.13in">
COST
SHARE AGREEMENT </p>
(CONTINUATION)</p>
</td>
<td rowspan="5" colspan="3" width="106" style="border-top: 1px solid #000000; border-bottom: 1px solid #000000; border-left: none; border-right: 1px solid #000000; padding: 0in"><p style="margin-left: 0.06in; margin-right: 0.13in">

</p>
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DISASTER	INFORMATION
(For County Office Use Only)	
1.	Administrative State
2.	Administrative County
3.	Program Year

```

</font></font></font></font></p>
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<font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 9pt">4.
Disaster Name</font></font></font></font>
</p>
<p style="margin-left: 0.06in; margin-right: 0.13in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="2" style="font-size: 10pt">
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<font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 9pt">5.
Disaster Event ID</font></font></font></font>
</p>
<p style="margin-left: 0.06in; margin-right: 0.06in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="2" style="font-size: 10pt">
</font></font></font></font></p>
</td>
<td colspan="3" width="201" style="border: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in; padding-right: 0in"><p style="margin-left: 0.06in; margin-right: 0.92in">
<font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 9pt">6.
Disaster Type</font></font></font></font>
</p>
<p style="margin-left: 0.06in; margin-right: 0.06in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="2" style="font-size: 10pt">
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<font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 9pt">7.
Application Number:</font></font></font>
</font></p>

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">
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                </font></font></font></font></p>
                </td>
        </tr>
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</tbody>
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                <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><b>PART
                A – APPLICANT INFORMATION</b></font></font></p>
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<tr>
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                <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 10pt">1.
                Applicant's Name </font></font><font face="Arial, serif"><font size="2" style="font-size: 10pt"><i>(Individual
                or Legal Entity)</i></font></font></font>
                <p class="western" style="margin-left: 0.06in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="2" style="font-size: 10pt">
                </font></font></font></font></p>
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                <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 10pt">2A.
                Address Line 1</font></font></font></font>
                <p class="western" style="margin-left: 0.06in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="2" style="font-size: 10pt">
                </font></font></font></font></p>
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; padding-right: 0in"><p class="western" style="margin-left: 0.06in">
                <font face="Times New Roman, serif"><font
t size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" styl
e="font-size: 10pt">3A.
                Primary Phone Number
                <input type="checkbox"/>
                Home <input type="checkbox"/> Cell</font
></font></font></font></p>
            </td>
        </tr>
        <tr valign="top">
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one; border-bottom: 1px solid #000000; border-left: 1px solid #000000; border-ri
ght: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in
; padding-right: 0in"><p class="western" style="margin-left: 0.06in">
                <font face="Times New Roman, serif"><font
t size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="2"
" style="font-size: 10pt">
                </font></font></font></font></p>
            </td>
        </tr>
    </tbody>
</tbody>
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"18" style="border: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; pa
dding-left: 0in; padding-right: 0in"><p class="western" style="margin-left: 0.06
in">
                <font face="Times New Roman, serif"><font
t size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" styl
e="font-size: 10pt">2B.
                Address Line 2</font></font></font></fon
t></p>
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"><font face="Courier New, serif"><font size="2" style="font-size: 10pt">
                </font></font></font></font></p>
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ght: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in
; padding-right: 0in"><p class="western" style="margin-left: 0.06in">
                <font face="Times New Roman, serif"><font
t size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" styl
e="font-size: 10pt">3B.
                Alternate Phone Number
                <input type="checkbox"/>
                Home <input type="checkbox"/> Cell</font
></font></font></font></p>
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        </tr>
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one; border-bottom: 1px solid #000000; border-left: 1px solid #000000; border-ri
ght: 1px solid #000000; padding-top: 0in; padding-bottom: 0in; padding-left: 0in
; padding-right: 0in"><p class="western" style="margin-left: 0.06in">
                <font face="Times New Roman, serif"><font
t size="2" style="font-size: 11pt"><font face="Courier New, serif"><font size="2"

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" style="font-size: 10pt">      </font></font></font></font></p>
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                                            <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 10pt">2C.
                                                City</font></font></font></font></p>
                                            <p class="western" style="margin-left: 0.06in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt">
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                                            </font></font></font></font></p>
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                                            <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 10pt">2D.
                                                State</font></font></font></font></p>
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                                                Zip</font></font></font></font></p>
                                            <p class="western" style="margin-left: 0.06in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt">
                                                "><font face="Courier New, serif"><font size="2" style="font-size: 10pt">      </font>
                                            </font></font></font></font></p>
                                        </td>
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                                            <font face="Times New Roman, serif"><font size="2" style="font-size: 11pt"><font face="Arial, serif"><font size="2" style="font-size: 10pt">4.
                                                Email Address</font></font></font></font>
                                            </p>
                                            <p class="western" style="margin-left: 0.06in"><font face="Times New Roman, serif"><font size="2" style="font-size: 11pt">
                                                "><font face="Courier New, serif"><font size="2" style="font-size: 10pt">      </font>
                                            </font></font></font></font></p>
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	PART B - PAYMENT SCENARIO INFORMATION
	(CONTINUED FROM PAGE 1)

ECP	Practice
Physical County	
4.	
Scenario	

Number	
5.	
Payment	
Scenario	
Description	
6.	
Unit of Measure	
7.	
Extent Requested	
8.	

03in; margin-right: 0.03in">
t size="2" style="font-size: 11pt">Extent</p>
n">Approved</p>
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t size="2" style="font-size: 11pt">9.
</p>
</p>
<p align="center" style="margin-left: 0.04in; margin-right: 0.04in">
t size="2" style="font-size: 11pt">Producer</p>
<p align="center" style="margin-left: 0.04in; margin-right: 0.04in">
t size="2" style="font-size: 11pt">Share
(%)</p>
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t size="2" style="font-size: 11pt">10.</p>
<p align="center" style="margin-left: 0.04in; margin-right: 0.04in">
t size="2" style="font-size: 11pt">Practice
Expiration Date</p>
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</p>
<p align="center" style="margin-left: 0.04in">Agency
Determination Date</p>

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</p>

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                                </td>
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<tbody>

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 ont>
 (<sup><font size="2" style="font-size: 9
 pt">12-05-25</sup>
 Page 2 of 2</p>
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 face="Arial, serif"><i>Privacy
 Act Statement:</i><font size="2" sty
 le="font-size: 9pt"><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 Emergency Conservation
 Program, Emergency Forest Restoration Program, and Certain Related
 Programs Previously Administered Under this Part (7 C.F.R. Part 701)
 and Emergency Conservation Program (16 U.S.C. § 2201). 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.

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To

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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, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email:

program.intake@usda.gov

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