Appendix E

EXAMPLE OF FSA FORM – AD-245
(APPLICATION FOR COST-SHARE ASSISTANCE)

AD-245 (9-11-95)	U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES	ST. & CO. & C/D	CONTROL NO. (F/Y & NO.)

(AD-245 replaces ACP-245 and SIP-245)

FARM No.	NAME AND ADDRESS	FARM/LAND	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	OTHER FARMS
							YES NO
		CROPLAND					
TRACT No.							
TELEPHONE No.							

DESCRIPTION OF PRACTICE OBJECTIVE:

PRACTICE LOCATION:

FOR USE BY THE APPROVING OFFICIAL

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	C/S Approved F	I plan to start the practice
					$	
						I plan to complete the practice

CONSERVATION PLAN: Farm Plan By NRCS Yes No | Forest Plan By FS Yes No | Other Plan Yes No | Partnership: Yes No | Joint Venture: Yes No

APPLICANT'S REQUEST

Request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds said to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the approved practice, 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 for the remainder of its lifespan. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

SIGNATURE:	DATE:	Estimated C/S Value $	C/S Willing to Approve $

APPROVAL ACTION - The Approving Official approved the extent shown in BLOCK D above and the cost-share shown in BLOCK F above for this practice.

FOR THE APPROVING OFFICIAL:	DATE:	PRACTICE EXPIRATION DATE:

REMARKS:

For SIP and HP Only: I certify that I do do not own more 1000 acres of eligible forestland in the United States or any territory or possession of the U.S.	Acres if more than 1,000	Date Waiver Approved
SIGNATURE: DATE:		

PARTICIPATION IN USDA PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, OR DISABILITY

AD-245 (9-11-95)	U.S. DEPARTMENT OF AGRICULTURE PRACTICE APPROVAL AND PAYMENT APPLICATION	ST. & CO. & C/D	CONTROL NO. (FY & NO.)

(AD-245 replaces ACP-245 and SIP-245)

FARM No.	NAME AND ADDRESS	FARMLAND	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by
		CROPLAND					ID:
TRACT No.							
TELEPHONE No.							

Your request for program cost-sharing to perform the practice shown below is approved for the farm identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify the Approving Official's office in writing at once.

DESCRIPTION OF PRACTICE OBJECTIVE:

FOR USE BY THE APPROVING OFFICIAL

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	C/S Approved F	Extent Performed G	Cost-Shares Earned H
					$		$

INSTRUCTIONS TO PARTICIPANT: To receive payment or credit for any cost-shares earned on this practice, report performance in col. G and complete ITEMS X and Y below; date and sign the certification below; and file with the issuing office by the date noted in EXPIRATION NOTICE.	APPROVAL ISSUED BY APPROVING OFFICIAL (FOR SIP) APPROVAL MAILED BY CED	DATE
X. Did you bear all the expense (except for program cost-sharing) for performing this practice? (If No, report name(s) and address(es) of other person(s) or agency who bore any part of the expenses. Also show kind, extent and value of their contribution.) YES NO	Total Cost-Shared Earned	$
	Payment Advance (Partial Payment)	$
	Is Partic. on FSA Debt Reg.? Y N	$
	Setoff	$
	Debt Assignment	$
Y. During the current fiscal year Oct. 1 - Sep. 30, have you received or will you receive a cost-share payment under the same program on this or any other farm other than through this AD-245? (If yes, report State, County, and amount by farm.) YES NO	Net Payment	$ 0.00

Payment Approved (Initials) (For SIP) C/S Earned Approved by	Date	ACH/Check Number (For SIP) Calc. Verify By	Date

CERTIFICATION BY PARTICIPANT: I Certify that the above information is true and correct. I further certify that the entry in Column G shows that the practice was performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the Approving Official has determined that the practice has been performed and further certify that this payment is not a duplicate of any other earned by me. I agree to maintain this practice for at least years following the year the practice is completed. I agree to refund all or part of the cost-share assistance paid to me, as determined by the Approving Official, if before expiration of the practice lifespan specified above, I (a) destroy the practice installed, or (b) voluntarily relinquish control or title to the land on which the installed practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its specified lifespan. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein and with this page constitutes the entire agreement between the parties.

SIGNATURE:	DATE:

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