

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Washington, DC 20250

Emergency Conservation Program 1-ECP (Revision 4)	Amendment 3
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Approved by: Acting Deputy Administrator, Farm Programs



Amendment Transmittal

A Reasons for Amendment

Subparagraph 175 B has been amended to require COC to ensure the practice estimated start date has been documented before approval.

Exhibit 8 has been amended to add instructions on documenting the estimated start date.

Page Control Chart		
TC	Text	Exhibit
	3-55, 3-56	8, pages 1, 2

175 Approvals and Disapprovals

A Reviewing Requests

An STC representative shall review a sample of ECP applications **before** COC approval to ensure that ECP applications reviewed meet ECP requirements.

B COC Action

COC shall:

- advise applicants in writing of action taken or to be taken on ECP applications
- issue a practice approval only if **all** of the following are met:
 - ECP application is eligible for cost-sharing
 - the damage was the result of a disaster not occurring frequently in the area
 - *--the estimated start date has been documented

Note: This information should be documented on FSA-848, item 6, along with site and practice objectives.--*

- the producer filed the ECP application before starting the practice
- funds are available
- an onsite inspection has been completed by an FSA or other authorized agency employee, such as NRCS or NIFA, with approval from ECP-PM
- the practice was started after the agency responsible for technical assistance has made any necessary technical determinations
- complete CCC-770 ECP-1 (Exhibit 5) before approving the ECP application only if deemed necessary by COC, SED, or STC representative
- complete FSA-23 (Exhibit 17) before approving the ECP application
- complete FSA-850 (Exhibit 18) or NRCS-CPA-052 (or NRCS State equivalent) before approving the ECP application.

COC in the headquarters county shall continue to use the State and its county code to identify all ECP applications and other documentation and statistical reporting requirements related to implementing ECP on the eligible farmland in a designated ECP county.

175 Approvals and Disapprovals (Continued)

C Waiver When Producer Starts Practice Before Approval

In certain instances, producers after filing the ECP application, need to start the ECP practice before it can be approved. COC may, with STC concurrence, waive the prior approval rule on a case-by-case basis, if justified. Justification may include availability of contractor, or steps to prevent further losses. See subparagraph D.

For ECP purposes, a practice is considered started when a producer first:

- purchases material for the practice
- signs a contract
- physically starts work on the project.

D Granting Relief for Starting a Practice Before Filing ECP Application

COC, with STC or its representative concurrence, may grant relief on a case-by-case basis when a producer does not submit the ECP application before starting restoration measures, if all of the following apply:

- the ECP-designated disaster created a situation that required the producer to take immediate steps to prevent further losses

Examples: Examples of these situations are emergency repair of:

- fences to contain livestock
- a dam that poses an immediate threat to life and property.
- ECP applications filed between the date of the disaster and the end of the signup period, if the work has begun before submitting the ECP application
- a practice was started no more than 60 calendar days before the ECP disaster designation was approved for the applicable County Office.

Example: A producer contracts to drill a well to supply water for livestock in March. In July, before work has begun, the county is approved for ECP drought. The producer knew in March that he or she would be drilling a well. For ECP purposes, the date the producer signed the contract in March is the starting date for the practice. Since the March signing date is more than 60 calendar days before the drought in July, the producer is not eligible for ECP assistance.

Completing FSA-848

A Completion Instructions

Complete FSA-848 according to the following.

Item	Instructions
1	Enter the State and county codes.
2	Enter the name, address, and telephone number of the County Office.
3	Enter the C/S application number.
4	Enter the program code.
5	Enter the contract ID, if applicable.
6	*--Enter the description of the site and practice objectives and estimated start date.--*
7	Enter the primary disaster type for this application.
8	Select 1 or more of the listed crops.
9	Select 1 or more listed livestock and enter the amount in units.
10A	Enter FSN.
10B	Enter the tract number.
10C	Enter the field number.
10D	Enter the practice control number.
10E	Enter the practice title.
10F	Enter the practice unit.
10G	Enter the practice acres.
10H	Enter the extent requested that corresponds to items 10A through 10F.
10I	Enter the requested C/S that corresponds to items 10A through 10H.
10J	Enter the total requested C/S that corresponds to the sum of item 10I.
11A	Enter the applicant's name, address, and telephone number.
11B	Enter the applicant's estimated percent share.
11C	Check the box to indicate whether the applicant is a limited resource producer.
11D	Check the box to indicate whether the applicant is a beginning farmer, if applicable.
11E	Check the box to indicate whether the applicant is socially disadvantaged, if applicable.
11F	The applicant or signing authority shall sign.
11G	Enter the title/relationship that corresponds to the signing authority in item 11F.
11H	Enter today's date. If there are additional applicants, complete FSA-848-1, item 4.
12A	Enter the program code.
12B	Enter the program year.
12C	Enter the State and county codes that correspond to item 1.
12D	Enter the hydrologic unit code.
12E	Enter the application number that corresponds to item 3.
12F	Enter the contract ID that corresponds to item 5, if applicable.
12G	Enter the disaster ID.
13A	Enter FSN.
13B	Enter the tract number.
13C	Enter the field number.

Completing FSA-848 (Continued)

A Completion Instructions (Continued)

Item	Instructions
13D	Enter the practice control number.
13E	Enter the primary purpose code.
13F	Enter the practice unit.
13G	Enter the practice extent requested that corresponds to item 10H.
13H	Enter the practice extent needed that corresponds to items 13A through 13F.
13I	Enter the requested C/S rate and type that correspond to item 10I, if the practice control number has a flat rate.
13J	Enter the requested C/S that corresponds to items 10I and 14 J, as applicable. If there are additional practices, complete FSA-848-1, item 6.
13K	Enter the sum of all requested C/S from item 13J and continuation pages.
14A	Enter FSN.
14B	Enter the tract number.
14C	Enter the field number.
14D	Enter the practice control number.
14E	Enter the component number.
14F	Enter the component title.
14G	Enter the component unit.
14H	Enter the component extent requested that corresponds to items 14A through 14G.
14I	Enter the component extent needed that corresponds to items 14A through 14G.
14J	Enter the requested C/S rate and type that correspond to items 14A through 14C.
14K	Enter the requested C/S rate and type that correspond to items 14A through 14C. If there are additional components, complete FSA-848-1, item 7.
15A	Enter FSN.
15B	Enter the tract number.
15C	Enter the field number.
15D	Enter the practice control number.
15E	Enter the technical practice code.
15F	Enter the technical practice title.
15G	Enter the technical practice unit.
15H	Check the box indicating if the technical practice is cost-shared.
15I	Enter the technical practice extent planned that corresponds to items 15A through 15G. If there are additional technical practices, complete FSA-848-1, item 8.
16A	The signing authority shall sign, such as FSA, Forest Service, NRCS, or other technical service provider.
16B	Enter today's date.
16C	Enter the affiliation that corresponds to item 16A.
16D	Enter the practice control number.
16E	Enter the date referred for needs determination.
16F	Enter the date the referral expires.
16G	Enter the needs statement. If there are additional practices with needs determinations, complete FSA-848-1, item 9.