

For: State and County Offices

**Conservation Reporting and Evaluation System (CRES) Software
for the 2001 Pasture Recovery Program (PRP)**

Approved by: Acting Deputy Administrator, Farm Programs



1 Overview

A

Background

Notice DF-331 provides instructions for implementing the 2001 PRP in eligible counties. CRES software provides an automated method of:

- processing applications and approvals for payments, letters, and reports
- maintaining ledgers for PRP.

B

Purpose

This notice informs:

- State and County Offices that County Release No. 454 includes software enhancements that provide automated CRES processing for the 2001 PRP
- County Offices of actions required to prepare and use CRES software for 2001 PRP implementation, signup, and reporting requirements
- State Offices of actions required for program implementation and reporting requirements.

<p>Disposal Date</p> <p>January 1, 2002</p>	<p>Distribution</p> <p>State Offices; State Offices relay to County Offices</p>
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Notice CONSV-75

2 Implementing PRP in County Offices

A

Program and Practice Codes

The eligibility table was previously updated in all offices to include:

- program code: PRP, Pasture Recovery Program
- practice codes:
 - PRP1, Reseed - w/seedbed preparation (AC)
 - PRP2, Reseed - no seedbed preparation (AC).

These program and practice codes were established because all PRP processing will use an application form and allocation separate from other CRES programs.

B

AD-245(PRP)

Applications for PRP will be made on AD-245(PRP), which is very similar to AD-245 used for CRES programs with minor changes for PRP. The certification section on AD-245, page 1, was also amended for PRP.

Because of the extensive programming that would be required to change the field names and form references on computer screens and internal reports to match the field names on the printed form for processing PRP:

- only AD-245 was changed for PRP
- no changes were made to the screens and reports.

Example: When processing an application on Screen EEA14000, the user will enter the amount being requested for payment in the “Estimated Cost-Share” field. This amount will be printed in the “Estimated Payment” block of AD-245(PRP).

C

County Office Action

County Offices serving counties determined to be eligible for PRP according to Notice DF-331 shall complete the instructions in this paragraph for each eligible county **after** County Release No. 454 is successfully installed.

Continued on the next page

Notice CONSV-75

2 Implementing 2001 PRP in County Offices (Continued)

D

County Eligibility Table

For each eligible county holding a 2001 PRP signup that was not eligible for the 2000 PRP, the servicing county shall make:

- program code “PRP” eligible on the County Eligibility Table, as applicable, according to 1-CONSV, paragraph 17
- practices PRP1 and PRP2 eligible, as applicable, according to 1-CONSV, paragraph 18, and follow these instructions on Screen EEA21015:
 - ENTER “FSA” in the “Responsible Agency for Soil Loss Calculation” field
 - ENTER “FSA” in the “Responsible Agency for Tech Determination” field
 - leave the “Cost Share Level” field blank.

Note: PRP does not use a soil loss calculation, but software requires an entry.

For all eligible counties holding a 2001 PRP signup, the servicing county shall:

- make PRP fund code “80” eligible according to 1-CONSV, paragraph 19
 - add or revise component codes, as established, standardized, and provided by the State Office according to 1-CONSV, paragraph 20.
-

E

Accepting Applications and Recording Needs

The application process for PRP requires that the recording of needs occur immediately following the creation of AD-245(PRP).

Applications shall be recorded in the system according to 1-CONSV, Part 5, Section 1, using program code “PRP” and fund code “80”. Throughout the process, all references to AD-245 in 1-CONSV and on CRES software screens will, for the purpose of this program, relate to AD-245(PRP), and all references to cost-share or C/S will be understood to mean “payment”.

Important: It is very important that fund code “80” is entered in the “Fund Code” field. Do **not** use fund code “00” for the 2001 PRP.

Continued on the next page

Notice CONSV-75

2 Implementing PRP in County Offices (Continued)

E
Accepting
Applications and
Recording Needs
(Continued)

When entering the estimated cost-share, it is **critical** that the entered amount is the result of the entry in the “Extent Requested” field multiplied times the flat rate established for the requested practice, not to exceed \$2,500 per person. The entry in the “Estimated Cost-Share” field will be used after the end of signup to calculate allocations and, if necessary, an allocation reduction factor.

Example: Requested acres = 44
Flat rate = \$50
Entry in “Estimated Cost-Share” field is 44 x 50 = \$2,200.

Note: The entry in the “Estimated Cost-Share” field will print in the “Estimated Payment” block of AD-245(PRP), page 1.

See Exhibit 1 for an example of AD-245(PRP) that has been recorded in the system as a request for a PRP payment.

Immediately following the creation of AD-245(PRP):

- print AD-245(PRP), page 1, for producer’s signature

Note: The producer shall **also** initial the “Estimated Payment” block.

- record needs determination according to 1-CONSV, Part 5, Section 3, filling out only the required fields using the criteria in this table.

Field	Entry
Estimated Total Cost	1.538 times the Estimated Cost-Share (round to whole dollars)
Hydrologic Unit	No entry
Practice Extent Needed	Same as the Practice Extent Requested
Component Code Extent Needed	Same as the Comp. Code Extent Req.
Technical Practice Code	“512” is the only code authorized for PRP
Primary Purpose (Other Assist. Data)	8
Needs Determination Made by FSA	Current date (by-pass warning)

See Exhibit 2 for an example of AD-862 with needs determination recorded.

Note: It is **not** necessary to print out a hard copy of AD-862 because CRES data is not being collected for PRP.

Continued on the next page

Notice CONSV-75

2 Implementing PRP in County Offices (Continued)

F

**Reporting
Requested PRP
Funds**

PRP funds are limited. Therefore, before allocations are issued to State Offices and State Offices allocate to County Offices, the National Office shall determine:

- the total amount of requests nationwide using the “Estimated Payment” amount from all AD-245(PRP)’s accepted according to subparagraph E
- whether the total amount of requests exceeds available funds.

Note: If the total amount of requests exceeds available funds, the National Office shall establish a payment factor.

County Offices shall:

- complete the following for each served county with applications for 2001 PRP
- report to the State Office the total amount for requests received in each county.

Step	Action
1	On May 15, 2001 , after all requests have been recorded, print Report EEA360-R001, ACP-301 Record of AD-862’s, according to 1-CONSV, paragraph 331.
2	Ensure that all AD-245(PRP) applications received for PRP have: <ul style="list-style-type: none"> • been entered into the system and are listed on Report EEA360-R001 • a date printed in the “Date AD-862 Returned” column to indicate that needs determination has been recorded. <p>Important: Enter any missed applications into the system according to subparagraph E.</p>
3	For each AD-245(PRP), ensure that the amount in the “C/S Amount” column for the corresponding control number on Report EEA360-R001 does not exceed \$2,500 per person on AD-245(PRP). <p>Notes: The “C/S Amount” for each AD-245(PRP) on Report EEA360-R001 is the same as the “Estimated Payment” on AD-245(PRP).</p> <p>Correct any errors in the “Estimated Payment” amount according to 1-CONSV, subparagraph 122 A.</p> <p>Important: It is imperative that the “Estimated Payment” amount on every AD-245(PRP) is accurate, because those amounts will be used to determine county allocations and, if necessary, a factor to reduce payment approvals.</p>
4	After all missed applications have been entered into the system and any needed corrections have been made, print 2 copies of Report EEA360-R001.
5	FAX or mail 1 copy of the entire Report EEA360-R001, including all CRES programs and fund codes available in the county, to reach the State Office no later than May 17, 2001 .
6	Retain the other copy of Report EEA360-R001 in the County Office.

Notice CONSV-75

2 Implementing PRP in County Offices (Continued)

**G
Recording
Allocations**

Allocations will be determined at the National Office based on the information submitted by County Offices through State Offices. If the total amount requested exceeds funds available, allocations will be factored before distribution to State Offices.

Upon receipt of a PRP allocation by memorandum from the State Office, record the allocation according to 1-CONSV, paragraph 400.

Note: Allocations for the 2001 PRP are to be recorded in PRP ledger, fund code “80”. Do **not** record the allocation to fund code “00”.

If a factor is used to reduce the allocations, County Offices will be notified by the State Office indicating the factor applied.

**H
Issuing
Approvals**

Issue approvals according to this table.

IF the factor applied to the payment is...	THEN...
1.000 (not factored)	<p>document and record the approval according to 1-CONSV, paragraphs 154, 156, and 157.</p> <p>Note: See Exhibit 3 for an example AD-245(PRP), pages 1 and 2, recorded in the system showing approval entries with no factoring.</p>
less than 1.000	<p>issue the approval according to 1-CONSV, paragraphs 154, 156, and 157, except:</p> <ul style="list-style-type: none"> • in column F, enter the result (rounded to whole dollars) of multiplying the amount in the “Estimated Payment” block times the factor supplied by DAFP • in the blank space provided on page 2, enter the statement, “The Payment Approved in Column F is Reduced Due to Requests for PRP Payments Exceeding Program Funds Available”. <p>Note: See Exhibit 4 for an example AD-245(PRP), pages 1 and 2, recorded in the system showing approval entries with factor applied.</p>

Notice CONSV-75

2 Implementing PRP in County Offices (Continued)

H
Issuing
Approvals
(Continued)

Provide each producer with AD-245(PRP), page 2, and an approval letter (see Exhibit 5 for an example) by either of the following methods:

- creating a miscellaneous letter according to 1-CONSV, paragraph 289, and printing according to applicable paragraph 296, 297, or 298
- modifying the existing approval letter to pertain to PRP and printing at the end of approval processing.

Approved extents and payment amounts shall **not** be increased after approval has been issued, unless a calculation error occurred in applying a factor, if needed.

I
Issuing Payments
and Recording
Performance

Partial payments are **not** authorized for PRP.

Issue payments according to 1-FI before recording final performance.

Note: The payment code for 2001 PRP will be “**01PRP**”.

Record performance according to this table.

IF the payment factor is...	THEN...
1.000	record performance according to 1-CONSV, Part 5, Section 6.
less than 1.000	record performance according to 1-CONSV, Part 5, Section 6, except the payment earned entered in column H as instructed by subparagraph 193 F will be the lesser of the following: <ul style="list-style-type: none">• the amount approved in column F• the result of multiplying the uncircled extent (the extent actually performed, if less than the requested) in column G times the rate in column E times the payment factor provided by the State Office according to subparagraph G.

Notice CONSV-75

3 Implementing PRP in State Offices

A

**State Office
Action**

State Offices with 1 or more eligible counties conducting a PRP signup shall:

- complete the instructions according to this paragraph
 - ensure that all County Offices serving eligible counties conducting a 2001 PRP shall complete the actions according to paragraph 2.
-

B

**Component
Codes**

Before the beginning of signup, State Offices shall:

- establish a standard component code and applicable data for a flat-rate component, according to 1-CONSV, paragraph 20, for each payment rate that is established by STC, according to Notice DF-331

Example:

Component Code	PR1
Description	PRP1-seed, fertilizer, seedbed prep, and seeding
Unit	Acre
Rate	65.00/A

- provide to each eligible county the component codes applicable to that county.
-

C

Signup Reports

After the signup period is completed, State Offices shall:

- ensure that County Offices timely submit Report EEA360-R001 for each served county with PRP applications according to subparagraph 2 F
 - review, for accuracy and completeness, ACP-301 submitted from each eligible county
-

Continued on the next page

Notice CONSV-75

3 Implementing PRP in State Offices (Continued)

C

Signup Reports (Continued)

- for each county submitting ACP-301 for PRP, enter the total C/S amount from the “Program Total” line for PRP fund code “80” on an Excel spreadsheet

Note: The Excel spreadsheet will be provided by CEPD, before the end of signup, formatted for each State to enter the payment amounts requested in each county. Instructions for entering and transmitting the data to the National Office will be provided with the spreadsheet.

- transmit the spreadsheets to CEPD no later than **May 23, 2001**.
-

D

Allocations

After the National Office has determined and provided allocations, State Offices shall:

- receive allocations by FSA-357, and record to the State ledger in PRP fund code “80” according to 1-CONSV, Part 9, Section 1

Note: If the allocation was factored, there will be a statement in the “Remarks” section of FSA-357 indicating the factor used to reduce the allocation.

- provide a memorandum to counties receiving an allocation, according to 1-CONSV, paragraph 567, and provide additional information, if needed, informing the County Offices of the factor to be applied to all applications for payment before issuing approvals.
-

E

Status Reports

Data from PRP activity will be contained in all current CRES reports providing the capability for the State Office oversight of PRP progress.

AD-245(PRP) With Request for Payment Recorded

A
Example of
Request for
Payment
Recorded on
AD-245(PRP)

This is an example of AD-245(PRP) completed as a request for payment, PRP.

Note: By initialing the "Estimated Payment" block, the producer indicates an understanding of the possibility of a payment reduction should requests exceed funds available.

Page 1

AD-245(PRP) (02-10-00)	U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR PAYMENT - PASTURE RECOVERY PROGRAM	ST. & CO. & C/D 22 077 3	CONTROL NO. (F/Y & NO.) 2001 0010
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See continuation page for Privacy Act Statement.

FARM NO. 1898	NAME AND ADDRESS U.S. FARMER 555 SHORT GRASS LANE PASTUREVILLE, TX 11111-1111	FARMLAND 105.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	OTHER FARMS / / YES / / X / No
TRACT No. 1959		CROPLAND 75.5	PRP	80		OTHER ASSISTANCE	

Telephone No.

DESCRIPTION OF PRACTICE OBJECTIVE
 PASTURE DESTROYED BY DISASTER IN 2000
 PRACTICE LOCATION G-15

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested C	Extent Approved D	Rate E	Payment Approved F	I plan to start the practice 05-15-2001
PRP2	Reseed - no seedbed prep (Ac)	44.0				
PRZ	PASTURE RECOVERY SEEDING (NO SEEDBED PREP)	44.0		50.0000		

CONSERVATION PLAN: Farm Plan By NRCS / / Yes / / X / No Forest Plan By FS / / Yes / / X / No Other Plan / / X / Yes / / No PARTNERSHIP / / Yes / / X / No Joint Venture / / Yes / / X / No

APPLICANTS REQUEST

I request payment under the program to meet the objective described above. If payment is approved for the practice 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 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. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245(PRP)" is by reference incorporated herein. I certify that the vegetative cover on the affected acreage was so severely damaged or destroyed by disaster that seeding is required to re-establish the forage crop.

SIGNATURE: U. S. Farmer DATE: 3/28/01 Estimated \$ 1/ 2,200 Payment udf. Payment Willing \$ to Approve

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

FOR THE APPROVING OFFICIAL DATE: Practice Expiration Date 09-30-2001

REMARKS

1/ The maximum amount a person can receive under this program is \$2500. If the total request for PRP funds exceeds the total program funds available, the estimated payment amount for each person will be reduced by a factor determined by FSA.

SIGNATURE: DATE:

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Recording Needs for AD-862

A
Example of
AD-862 After
Needs Have Been
Recorded

This is an example of AD-862 printed out after needs have been entered in the system. Note that there are no entries in Sections C through F. The primary purpose for PRP is Section G, "Other Assistance".

AD-862 (11-21-94)		U.S. DEPARTMENT OF AGRICULTURE CONSERVATION REPORTING AND EVALUATION SYSTEM			ST. & CO. Code & C/D 22 077 3		Control No. (FY & No.) 2001 0010	
A. REFERRAL INFORMATION								
1. Farm No. Name and Address 1898 U.S. FARMER 555 SHORT GRASS LANE Tract No. PASTUREVILLE, TX 11111-1111 1959				2. Telephone Number		3. Contract Id.		
6. Practice Location G-15				4. Practice to Begin 05-15-2001		5. Referral Expires 08-28-2001		
7. Needs Statement								
Practice Description				Extent Requested		Extent Needed		
8 PRP2 Reseed - no seedbed prep (Ac)				9 44.0		10 44.0		
PR2 PASTURE RECOVERY SEEDING (NO SEEDBED PREP) ACRES				44.0		44.0		
The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.								
11. Signature						Date		
B. GENERAL INFORMATION								
1. Primary Purpose G		2. Program PRP	3. Program Practice No. PRP2	4. VC/SL N	5. Fund Code 80	6. Estimated Total Cost 3,384	7. Est. Cost-Share 2,200	
8. Practice Extents Number Ac. Served/Treated		9. Land Capability Class & Subclass		10. Soil Loss Tolerance	11. Land Cover/Use Before After		12. Technical Practices Applied	
							Technical Practice Cost-Shared? Units Planned/ a b Applied 512 y c	
C. EROSION CONTROL								
1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.)		b. After (Tons/Ac./Yr.)		c. Acres to which Rate Applies			
2. Wind Erosion	a. Before (Tons/Ac./Yr.)		b. After (Tons/Ac./Yr.)		c. Acres to which Rate Applies			
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)		c. After (Tons/Yr.)		d. Acres Affected		
4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before		d. Trend Cond. After		13. Endangered Species 14. Hydrologic Unit Code	
D. WATER CONSERVATION							E. WATER QUALITY	
1. Irrigation Water Conservation	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before After		c. System Efficiency(%) Before After		d. Water Cons. Acres	1. Problem Type	
2. Increased Water Storage	a. Primary Use	b. Capacity (Acre-Inches) Before After		3. Soil Moisture Measures?		2. Type of Water Body Treated/Protected 3. Pollution Severity		
F. WOOD PRODUCTION							G. OTHER ASSISTANCE	
1. Site Description a. Site Index		2. Stand Condition a. Forest Cover Before After		3. Site Preparation a. Acres		4. Purpose b. Cost-Share Trees Pr/Ac		8
H. ACTUAL COST AND PERFORMANCE DATA					I. PERFORMANCE REPORT			
1. Total Install. Cost		2. Cost-Share		3. Date Performed		Signature		
This practice has been performed to the extent shown in item B12c and meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item I.						Date		

Recording Payment Approval With No Factor Applied

A
AD-245(PRP),
Page 1, With No
Factor Applied

This is an example of AD-245(PRP), page 1, with payment approval recorded with no factor applied.

Page 1

AD-245(PRP) U.S. DEPARTMENT OF AGRICULTURE ST. & CO. & C/D CONTROL NO. (F/Y & NO.)
(02-10-00) REQUEST FOR PAYMENT - PASTURE RECOVERY PROGRAM 22 077 3 2001 0010

See continuation page for Privacy Act Statement.

FARM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM	FUND	CONTRACT/LTA	PRIMARY	OTHER
TRACT No.		CROPLAND	CODE	CODE	& ITEM NO.	PURPOSE	FARMS
1898	U.S. FARMER	105.0					/ /YES
	555 SHORT GRASS LANE						/ /X/No
1959	PASTUREVILLE, TX 11111-1111	76.5	PRP	80		OTHER ASSISTANCE	

Telephone No.

DESCRIPTION OF PRACTICE OBJECTIVE
PASTURE DESTROYED BY DISASTER IN 2000
PRACTICE LOCATION G-15

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	Payment Approved	I plan to start the practice
A	B	C	D	E	F	G
PRP2	Reseed - no seedbed prep (Ac)	44.0	44.0			05-15-2001
PR2	PASTURE RECOVERY SEEDING (NO SEEDBED PREP)	44.0	44.0	50.000	2200	

I plan to complete the practice 09-30-2001

CONSERVATION PLAN: Farm Plan By NRCS / Yes /X/No Forest Plan By FS / Yes /X/No Other Plan /X/Yes / /No PARTNERSHIP / /Yes /X/No Joint Venture / /Yes /X/No

APPLICANTS REQUEST

I request payment under the program to meet the objective described above. If payment is approved for the practice 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 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. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245(PRP)" is by reference incorporated herein. I certify that the vegetative cover on the affected acreage was so severely damaged or destroyed by disaster that seeding is required to re-establish the forage crop.

SIGNATURE: DATE: Estimated \$ 1/ Payment 2,200 Payment Willing \$ to Approve

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

FOR THE APPROVING OFFICIAL DATE: Practice Expiration Date 09-30-2001

REMARKS

1/ The maximum amount a person can receive under this program is \$2500. If the total request for PRP funds exceeds the total program funds available, the estimated payment amount for each person will be reduced by a factor determined by FSA.

SIGNATURE: DATE:

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

Continued on the next page

Recording Payment Approval With No Factor Applied (Continued)

B
AD-245(PRP),
Page 2, With No
Factor Applied

This is an example of AD-245(PRP), page 2, with payment approval recorded with no factor applied.

Page 2

AD-245(PRP) (02-10-00)		U.S. DEPARTMENT OF AGRICULTURE PRACTICE APPROVAL AND PAYMENT APPLICATION - PASTURE RECOVERY PROGRAM			ST. & CO. & C/D 22 077 3	CONTROL NO. (F/Y & NO.) 2001 0010
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FARM NO. 1898	NAME AND ADDRESS U.S. FARMER 555 SHORT GRASS LANE PASTUREVILLE, TX 11111-1111	FARMLAND 105.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 09-30-2001
TRACT No. 1959		CROPLAND 75.5	PRP	80		OTHER ASSISTANCE	ID 439 06 0858 S
Telephone No.							

Your request for program payment 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
PASTURE DESTROYED BY DISASTER IN 2000

FOR APPROVING OFFICIAL USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Payment Approved	Extent Performed	Payment Earned
A	B	C	D	E	F	G	H
PRP2	Reseed - no seedbed prep (Ac)	44.0	44.0		2200*		
PR2	PASTURE RECOVERY SEEDING (NO SEEDBED PREP) ACRES	44.0	44.0	50.000	2200		

* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount
PR2 - Flat rate.

INSTRUCTIONS TO PARTICIPANT To receive payment 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	DATE
---------------------------------------	------

X. Did you bear all the expense 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.)

Total Payment Earned	
Payment Advance (Partial Payment)	
Is Partic. on FSA Debt Reg.? Y / / N / /	
Setoff	
Debt Assignment	

YES /_/_ NO /_/_

Y. During the current fiscal year Oct. 1 - Sep. 30, have you received or will you receive a payment under the same program on this or any other farm other than through this AD-245(PRP)? (If yes, report State, County, and amount by farm).

Payment Approved (Initials)	ACH/Check Number
-----------------------------	------------------

YES /_/_ / NO /_/_ /

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 3 years following the year the practice is completed. I agree to refund all or part of the payment 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(PRP)" is by reference incorporated herein and with this page constitutes the entire agreement between the parties.

SIGNATURE: _____ DATE: _____

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Recording Payment Approval With a Factor Applied

A
AD-245(PRP),
Page 1, With a
Factor Applied

This is an example of AD-245(PRP), page 1, with payment approval recorded with a factor applied. In this example, the factor is .85 and is for demonstration purposes only. Enter in the "Remarks" section a statement indicating the factor and that the approval amount has been factored.

Page 1

AD-245(PRP) U.S. DEPARTMENT OF AGRICULTURE ST. & CO. & C/D CONTROL NO. (F/Y & NO.)
(02-10-00) REQUEST FOR PAYMENT - PASTURE RECOVERY PROGRAM 22 077 3 2001 0010

See continuation page for Privacy Act Statement.

FARM NO. 1898	NAME AND ADDRESS U.S. FARMER 555 SHORT GRASS LANE	FARMLAND 105.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	OTHER FARMS / / YES /X/NO
TRACT No. 1959	PASTUREVILLE, TX 11111-1111	CROPLAND 75.5	PRP	80		OTHER ASSISTANCE	

Telephone No.

DESCRIPTION OF PRACTICE OBJECTIVE
PASTURE DESTROYED BY DISASTER IN 2000
PRACTICE LOCATION G-15

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	Payment Approved	I plan to start the practice
A	B	C	D	E	F	
PRP2	Reseed - no seedbed prep (Ac)	44.0	44.0			05-15-2001
PR2	PASTURE RECOVERY SEEDING (NO SEEDBED PREP)	44.0	44.0	50.000	1870	

I plan to complete the practice 09-30-2001

CONSERVATION PLAN: Farm Plan By NRCS / / Yes /X/No Forest Plan By FS / / Yes /X/No Other Plan /X/Yes / / No PARTNERSHIP / / Yes /X/No Joint Venture / / Yes /X/No

APPLICANTS REQUEST

I request payment under the program to meet the objective described above. If payment is approved for the practice 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 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. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245(PRP)" is by reference incorporated herein. I certify that the vegetative cover on the affected acreage was so severely damaged or destroyed by disaster that seeding is required to re-establish the forage crop.

SIGNATURE: DATE: Estimated \$ 1/ Payment 2,200 Payment Willing \$ to Approve

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

FOR THE APPROVING OFFICIAL DATE: Practice Expiration Date 09-30-2001

REMARKS

Explanation
In this example, the National Office determined that all payment approvals would be subject to a .85 factor. The Payment Approved (Column F) is the result of applying the .85 factor to the Estimated Payment amount resulting in the Payment Approved (Column F) to be \$1870. | \$2200 X .85 = \$1870 |

1/ The maximum amount a person can receive under this program is \$2500. If the total request for PRP funds exceeds the total program funds available, the estimated payment amount for each person will be reduced by a factor determined by FSA.

SIGNATURE: DATE:

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

Continued on the next page

Recording Payment Approval With a Factor Applied (Continued)

B
AD-245(PRP),
Page 2, With a
Factor Applied

This is an example of AD-245(PRP), page 2, with payment approval recorded with a factor applied. In this example, the factor is .85 and is for demonstration purposes only.

Page 2

AD-245(PRP) U.S. DEPARTMENT OF AGRICULTURE ST. & CO. & C/D CONTROL NO. (F/Y & NO.)
 (02-10-00) PRACTICE APPROVAL AND PAYMENT APPLICATION - PASTURE RECOVERY PROGRAM 22 077 3 2001 0010

FARM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM	FUND	CONTRACT/LTA	PRIMARY	EXPIRATION NOTICE
189B	U.S. FARMER 555 SHORT GRASS LANE	105.0	CODE			PURPOSE	Practice must be completed and reported by 09-30-2001
TRACT No. 1959	PASTUREVILLE, TX 11111-1111	CROPLAND 75.5	PRP	80		OTHER ASSISTANCE	ID 439 06 0858 S
Telephone No.							

Your request for program payment 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
 PASTURE DESTROYED BY DISASTER IN 2000

FOR APPROVING OFFICIAL USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Payment Approved	Extent Performed	Payment Earned
A	B	C	D	E	F	G	H
PRP2	Reseed - no seedbed prep (Ac)	44.0	44.0		1870*		
PR2	PASTURE RECOVERY SEEDING (NO SEEDBED PREP) ACRES	44.0	44.0	50.000	1870		

* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount
 PR2 - Flat rate.

INSTRUCTIONS TO PARTICIPANT To receive payment 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.

X. Did you bear all the expense 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 Payment Earned	
	Payment Advance (Partial Payment)	
	Is Partic. on FSA Debt Req.? Y / / N / /	
	Setoff	
	Debt Assignment	

Y. During the current fiscal year Oct. 1 - Sep. 30, have you received or will you receive a payment under the same program on this or any other farm other than through this AD-245(PRP)? (If yes, report State, County, and amount by farm).

YES /_/_/ NO /_/_/	Payment Approved (initials)	ACH/Check Number
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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 3 years following the year the practice is completed. I agree to refund all or part of the payment 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(PRP)" is by reference incorporated herein and with this page constitutes the entire agreement between the parties.

SIGNATURE: _____ DATE: _____

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Example PRP Approval Letter

This is an example of an approval letter for PRP. Should there be any other information the County Office would like to include, it could be incorporated into the letter, as applicable.

Return address, producer address, and other header information is automatically included in the approval or miscellaneous letter.

Note: The second paragraph shall only be included if a factor is applied to approval amounts.

Your request for a PRP (Pasture Recovery Program) payment has been approved as indicated on the enclosed AD-245(PRP).

Because of the large number of requests nationwide for this program and the limited funds available, the amount approved for payment has been factored. The same factor has been applied to all other payment approvals for this program nationwide.

(In this paragraph, insert suggested notification language for decision letters, according to 1-APP, Part 2.)

The following items should serve as a guide in completing, reporting, and maintaining the pasture reseeding.

1. Complete the reseeding as soon as is practical, but before the expiration date on the enclosed AD-245(PRP).
2. Complete the reseeding using the required amounts of seed and fertilizer to meet the requirements provided for this practice. The specifications must be met to qualify for a payment.
3. If you cannot complete the reseeding before the expiration date indicated on the enclosed AD-245(PRP), please notify us in advance. Certain reasons may justify an extension, but in all cases reseedings must be completed and certified no later than December 31, 2001.
4. Furnish a report of performance on the enclosed AD-245(PRP) immediately upon completion of the reseeding and not later than the expiration date indicated on the form; otherwise the approval payment will be canceled. In column G, enter the acres reseeded.
5. Maintain sales slips, invoices, or other evidence for the seed and fertilizer used in connection with the reseeding for the 3-year lifespan of the seeding.
6. The seeding must be maintained throughout the 3-year lifespan.
7. The cover may not be mechanically harvested for the lifespan of the practice.

County Executive Director