

**UNITED STATES DEPARTMENT OF AGRICULTURE**

Farm Service Agency  
Washington, DC 20250

**Notice EFRP-7**

**For:** State and County Offices

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**New Requirements for Using FSA-770 EFRP**

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**Approved by:** Acting Deputy Administrator, Farm Programs



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**1 Overview****A Background**

The Payment Integrity Information Act of 2019 requires federal agencies to evaluate programs to determine whether internal controls are sufficient to prevent improper payments.

FSA-770 EFRP is an internal controls tool to prevent administrative errors and ensure that policies and procedures are being followed for issuing EFRP approvals or payments by:

- providing a checklist of actions required throughout EFRP administration
- ensuring that all processes throughout EFRP implementation are fully documented according to policy
- reducing administrative errors in EFRP administration and payments.

Completing FSA-770 EFRP for every EFRP application will result in fewer errors and improved program integrity.

**B Purpose**

This notice provides:

- new FSA-770 EFRP requirements
- State and County Office responsibilities
- State and County Office actions.

**C Contacts**

State Offices will direct questions about this notice to any of the following:

- [fsa.conervation@usda.gov](mailto:fsa.conervation@usda.gov)
- Shanan Smiley, Acting ECP/EFRP Program Manager
- Emily Horsley, ECP/EFRP Program Specialist.

Disposal Date	Distribution
January 1, 2026 9-29-25	State Offices; State Offices relay to County Offices

## **Notice EFRP-7**

### **2 FSA-770 EFRP's**

#### **A New FSA-770 EFRP Requirements**

FSA is implementing new FSA-770 EFRP requirements in all State and County Offices where EFRP is administered.

An updated FSA-770 EFRP and a new FSA-770 EFRP-C are provided in Exhibits 1 and 2.

County Offices will complete FSA-770 EFRP for:

- **all** submitted applications through the approval or disapproval action
- **all** agreement revisions through approval
- issuing partial payment
- issuing final payment.

All EFRP applications and agreements that have not received a final C/S payment are required to have FSA-770 EFRP completed.

FSA-770 EFRP-C is required to be used for EFRP C/S agreement revisions and partial payments.

**Note:** If a previous version of FSA-770 EFRP (FSA-770 EFRP-1 or FSA-770 EFRP-2) was started or completed based on the 1-EFRP policy permitting optional use of the forms, then completion of the previous version of the checklist is considered acceptable. County Offices are not required to also complete a current version of FSA-770 EFRP to duplicate work.

### **3 Responsibilities**

#### **A Preparer Responsibilities**

The County Office employee assisting the customer with completing the application will initiate FSA-770 EFRP at the time of application. FSA-770 EFRP will be filed in the EFRP file with other EFRP C/S forms and supporting documentation.

**Note:** It is recommended that Service Center employees attach FSA-770 EFRP to the inside cover of the file folder so it can be maintained and completed by any employee during various phases of processing.

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### 3 Responsibilities (Continued)

#### A Preparer Responsibilities (Continued)

The County Office employee handling the processing phases should complete the following corresponding part of FSA-770 EFRP as the preparer.

- **Part A – Cost Share Request Processing.** Complete this part about the application phases, such as eligibility, needs determinations, and environmental review. The preparer will provide FSA-770 EFRP to CED for the CED review before approval.
- **Part B – Approvals.** Complete this part after the application is approved and FSA-848A is generated.
- **Part C – Practice Performance.** Complete this part after the participant certifies performance for any practice and before payment.
- **Part D – Payments.** Complete this part before approval of payment.

**Note:** The preparer will provide FSA-770 EFRP to CED and DD (if required) for review before payment.

The County Office employee handling revisions or partial payments will complete the following appropriate corresponding part or parts of FSA-770 EFRP-C as the preparer.

- **Part E – Agreement Revision Approval.** Complete this part for approval of an agreement revision. Multiple continuation forms can be completed for an agreement, if necessary. The preparer will provide FSA-770 EFRP to CED for the CED review before approval.
- **Part F – Partial Performance and Payment.** Following the first report of partial performance and payment, complete this part for each subsequent certification of partial performance and payment, including final payment.

#### B CED Reviews

CED's are responsible for general program oversight in the Service Center, including ensuring that Service Center employees complete FSA-770 EFRP for **all** submitted EFRP applications and agreements.

### 3 Responsibilities (Continued)

#### B CED Reviews (Continued)

CED's will provide EFRP oversight by conducting **CED reviews** for **all** applications and agreements. CED's will perform CED reviews before:

- approval of a submitted application
- approval of agreement revisions
- issuing partial payment
- issuing final C/S payment.

To complete and document the CED review, CED's will:

- review all documentation in the record to ensure that all requirements are met according to program policy, including, but not limited to, the following:
  - FSA-848, FSA-848A, and FSA-848B
  - maps
  - eligibility documentation
  - restoration plan and other technical documentation provided by the technical agency
  - receipts, logs, and other documentation submitted by the customer to support costs incurred
  - FSA-770 EFRP completed by the preparer
  - other relevant materials and documentation in the record
- document the CED review on FSA-770 EFRP by:
  - notating any errors identified in the remarks section of FSA-770 EFRP, including necessary corrections

**Note:** If corrections are necessary, CED should re-review the record after corrections are completed.

- completing the applicable concurrence and signature fields on FSA-770 EFRP to:
  - affirm the application or agreement adheres to all applicable policies
  - document the CED review is completed
- prepare the applicable EFRP records, including FSA-770 EFRP, and submit to DD for review, based on the requirements in subparagraph C.

### 3 Responsibilities (Continued)

#### C DD Reviews

DD's are responsible for general program oversight in their Service Centers, including ensuring that Service Center employees complete FSA-770 EFRP and CED reviews are completed for **all** applications.

DD's will provide EFRP oversight by conducting **DD reviews** on a portion of EFRP records. DD's will perform DD reviews before:

- approval of an application
- issuing C/S payment.

To complete and document the DD review, DD's will:

- identify records for the DD review by selecting:
  - either of the following before approval:
    - the first **5** applications to be approved in the Service Center for each disaster
    - the first **10** applications to be approved in the Service Center for each disaster, if the Service Center has not implemented EFRP in the past 2 years
  - either of the following before payment:
    - the first **5** applications to be paid in the Service Center for each disaster
    - the first **10** applications to be paid in the Service Center for each disaster, if the Service Center has not implemented EFRP in the past 2 years

**Note:** DD's will consider selecting additional reviews in cases where CED was both the preparer and reviewer.

- review all documentation in the record, such as the following:
  - FSA-848, FSA-848A, and FSA-848B
  - maps
  - eligibility documentation
  - restoration plan and other technical documentation provided by the technical agency
  - receipts, logs, and other documentation submitted by the customer to support costs incurred

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### 3 Responsibilities (Continued)

#### C DD Reviews (Continued)

- FSA-770 EFRP completed by the preparer, including certification of the CED review and any corrective actions that were required by CED
- other relevant materials and documentation in the record
- document the DD review on FSA-770 EFRP by:
  - notating any errors identified in the remarks section of FSA-770 EFRP, including necessary corrections

**Note:** If corrections are necessary, DD should re-review the record after corrections are completed.

- completing the applicable concurrence and signature fields on FSA-770 EFRP to:
  - affirm the application or agreement adheres to all applicable policies
  - document the DD review is completed.

SED, STC or designees, or DD may:

- require additional reviews if internal control deficiencies are identified
- review additional FSA-770 EFRP forms if new or inexperienced employees are responsible for program activities in the County Office
- determine if additional training is necessary for County Office staff.

#### D State Office Reviews

The EFRP State Office program specialist is responsible for reviewing a percentage of paid EFRP agreements to ensure adherence to policy and proper payments.

In the first quarter of each FY, the State Office will initiate the State Office review by:

- identifying EFRP agreements that received final payment in the prior FY

**Note:** State Office reviewers can use Cost Share Software reports to identify EFRP agreements with a status of “PAID” in the prior FY.

- selecting a minimum of 5 percent (not to exceed 20 reviews) of EFRP agreements that received final payment in the prior FY

**Notes:** Selections will be determined by SED or State Office reviewer.

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### 3 Responsibilities (Continued)

#### D State Office Reviews (Continued)

SED or EFRP State Office program specialists have discretion to select a random sample or use other selection criteria, such as new employees, high-value agreements, or other criteria.

- notifying County Offices of the agreements selected for State Office review and requesting the County Office submit the entire EFRP record to the State Office for review.

After the selected records are received from the County Office, the State Office reviewer will review all documentation in the record, including, but not limited to, the following:

- FSA-848, FSA-848A, and FSA-848B
- maps
- eligibility documentation
- restoration plan and other technical documentation provided by the technical agency
- receipts, logs, and other documentation submitted by the customer to support costs incurred
- FSA-770 EFRP completed by the preparer, including certification of the CED or DD review and any corrective actions that were required by CED or DD
- other relevant materials and documentation in the record.

To document the State Office review, the State Office reviewer will:

- note the State Office review in the remarks section of FSA-770 EFRP
- require corrective actions, if necessary
- annually certify completion of reviews, findings, and corrective actions, if applicable, to <https://forms.office.com/g/63L92MENTX> by January 15
- annually report any deficiencies to SED by January 15

**Note:** If findings and deficiencies are excessive (50 percent or greater), SED may determine more reviews are necessary or that training is required.

- provide training on findings, if necessary.

SED may require additional State Office reviews based on findings.

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### **4 Action**

#### **A State Office Action**

State Offices will:

- ensure that County Offices are aware of the contents of this notice
- assist County Offices with questions about this notice
- perform State Office reviews according to this notice
- complete annual reporting requirements.

#### **B County Office Action**

County Offices will:

- review the contents of this notice
- ensure that FSA-770 EFRP is used according to this notice
- complete and document CED reviews according to this notice
- present EFRP records to DD for DD review at the appropriate times according to this notice
- submit EFRP records to the State Office, upon request
- contact DD or State Office, as applicable, with questions about this notice.

**FSA-770 EFRP, EFRP Checklist**

Following is an example of the FSA-770 EFRP.

<b>FSA-770 EFRP</b> U.S. DEPARTMENT OF AGRICULTURE (09-30-25)  <b>EFRP CHECKLIST</b>	1. Applicant's Name					
	2. Administrative State Name		3. Administrative County Code			
	4. Agreement Number					
	5. Disaster Type, Disaster ID			6. FY Disaster Started		
	This is an internal checklist and does not negate any responsibilities by the participant. It does not indicate any misaction or misinformation on the part of the county office if it is not completed. However, it will be used to ensure accountability of actions. <b>Completion of this form is required by 1-EFRP (Rev. 1).</b>					
	<b>PART A – COST SHARE REQUEST PROCESSING</b>					
Question	Applicable References	Yes	No	N/A	Initials	Date
7. Does the land meet eligibility requirements?	1-EFRP (Rev. 1) par. 46, 47	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
8. Does the applicant(s) meet eligibility requirements?	1-EFRP (Rev. 1) par. 35-39, 6-PL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
9. Are acceptable CCC-902 and associated CCC-903 on file?	1-EFRP (Rev. 1) par. 6, 333, 6-PL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
10A. Was the application submitted during designated signup period (or prior)?	1-EFRP (Rev. 1) par. 91, 93, 95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
10B. If the application was not filed timely, was acceptance of application justified and documented in COC minutes?	1-EFRP (Rev. 1) par. 91, 93, 95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11. Was the minimum qualifying cost of restoration met?	1-EFRP (Rev. 1) par. 2, 73	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
12. Was the application referred to the appropriate technical agency for onsite needs determination?	1-EFRP (Rev. 1) par. 101	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
13. Was an onsite inspection completed, or is a DAFFP approved waiver on file?	1-EFRP (Rev. 1) par. 77	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
14A. Was the needs determination section on FSA-848, page 2, completed, signed, and dated by the agency with technical responsibility?	1-EFRP (Rev. 1) par. 77, 80, 153	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
14B. Was the needs determination entered in CSS?	1-EFRP (Rev. 1) par. 77, 80, 153	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
15. Did the technical agency develop and provide site-specific guidance to the applicant and FSA for completing restoration and conservation activities?	1-EFRP (Rev. 1) par. 76-80	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
16A. Was the practice(s) started after the EFRP application was filed and/or approved?	1-EFRP (Rev. 1) par. 95, 101, 103, 105, 131 and 1-EQ	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
16B. If "NO", was a waiver provided?	1-EFRP (Rev. 1) par. 95, 101, 103, 105, 131 and 1-EQ	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
17. Was an environmental screening completed, and a decision documented on the appropriate form?	1-EFRP (Rev. 1) par. 103, 131, and 1-EQ	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
18. Are all necessary easements, permits, rights-of-way, and water rights documented?	1-EFRP (Rev. 1) par. 28, 135	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
19. Is the land enrolled in any other Federal C/S program that would create duplicate benefits?	1-EFRP (Rev. 1) par. 51	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

## FSA-770 EFRP, EFRP Checklist (Continued)

FSA-770 EFRP (09-30-25)							Page 2 of 3	
Question	Applicable References	Yes	No	N/A	Initials	Date		
20. Has the DD or representative reviewed the required number of EFRP requests before COC approval?	1-EFRP (Rev. 1) par. 131	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
21. If applicable, has the application been reviewed and authorized by the appropriate approval authority based on cost share approval limits and special approval authority policy?	1-EFRP (Rev. 1) par. 134	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Certification: I (we) the undersigned certify the above items have been verified or updated accordingly.</b>								
22A. Preparer Signature					22B. Date (MM-DD-YYYY)			
23A. I concur/do not concur the above items have been verified and updated. <input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur								
23B. CED Signature					23C. Date (MM-DD-YYYY)			
24A. I concur/do not concur the above items have been verified and updated. <input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur								
24B. DD Signature					24C. Date (MM-DD-YYYY)			
25. Remarks								
<b>PART B Approval/Disapproval</b>								
<i>The following responses must be completed immediately after agreement approval/disapproval.</i>								
Question	Applicable References	Yes	No	N/A	Initials	Date		
26. Have any necessary delegations of authority for approval been documented in the COC minutes?	1-EFRP (Rev. 1) par. 21, 26, 131, 136, Exhibit 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
27A. Has the COC or delegate approved/disapproved the FSA-848A and documented decision in the COC minutes? (Details include applicant's name, agreement number, FSN(s)/Tract(s).)	1-EFRP (Rev. 1) par. 135	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
27B. If disapproved, was the reason documented and were appeal rights provided to the applicant?	1-EFRP (Rev. 1) par. 132	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
28. Was the FSA-848A signed & dated by appropriate FSA representative (prior to sending to participant)?	1-EFRP (Rev. 1) par. 135	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
29. Was the FSA-848A sent to participant for signature with the Notification of Approval letter?	1-EFRP (Rev. 1) par. 135	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
30. Did the applicant return a signed FSA-848A within 15 calendar days of COC notification of approval?	1-EFRP (Rev. 1) par. 135	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>PART C Practice Performance</b>								
31. Was the participant notified to submit certification of performance on FSA-848B and supporting documentation (bills, invoices, etc.) upon practice completion and prior to the expiration date(s)?	1-EFRP (Rev. 1) par. 137	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

## FSA-770 EFRP, EFRP Checklist (Continued)

FSA-770 EFRP (09-30-25)							Page 3 of 3
<b>PART C Practice Performance (continued)</b>							
Question	Applicable References	Yes	No	N/A	Initials	Date	
32. Did the participant complete and submit the final performance report for the practice(s) on FSA-848B before or by the expiration date?	1-EFRP (Rev. 1) par. 142-143	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
33A. Was an extension requested by the participant in writing prior to the practice expiration date?	1-EFRP (Rev. 1) par. 136	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
33B. If YES, was the COC decision documented in the COC minutes and extension expiration date recorded in CSS?	1-EFRP (Rev. 1) par. 136	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
34. Did the participants submit supporting documentation of practice completion (participant certification, bills, invoices, etc.)?	1-EFRP (Rev. 1) par. 146	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
35. Has the FSA-848B, page 1 been signed and dated by all eligible participants requesting a share of the payment?	1-EFRP (Rev. 1) par. 142	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
36. Was the FSA-848B, page 2 completed and signed by the responsible technical agency to verify the performance?	1-EFRP (Rev. 1) par. 152, 153	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>PART D Payments</b>							
37. Has the participant certification (including supporting documentation), performance certification, and performance approval been provided and documented on the FSA-848B and in CSS?	1-EFRP par. 331	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
38. Was the C/S payment calculated to be no more than 75 percent of the lesser of the total actual and total allowable cost?	1-EFRP (Rev. 1) par. 179, 180, 311	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
39. Has second party review of payment calculation(s) been completed and documented?	1-EFRP (Rev. 1) par. 333	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
40. Were payments issued timely? See 61-FI for prompt payment interest (PPI) provisions. (If no, provide remarks addressing PPI.)	1-EFRP (Rev. 1), par. 334, 64-FI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>Certification: I (we) the undersigned certify the above items have been verified or updated accordingly.</b>							
41A. Preparer Signature				41B. Date (MM-DD-YYYY)			
42A. I concur/do not concur the above items have been verified and updated.				<input type="checkbox"/> Concur		<input type="checkbox"/> Do Not Concur	
42B. CED Signature				42C. Date (MM-DD-YYYY)			
43A. I concur/do not concur the above items have been verified and updated.				<input type="checkbox"/> Concur		<input type="checkbox"/> Do Not Concur	
43B. DD Signature				43C. Date (MM-DD-YYYY)			
44. Remarks							

**FSA-770 EFRP-C, EFRP Checklist Continuation (Revisions and Partial Payments)**

Following is an example of the FSA-770 EFRP-C.

<b>FSA-770 EFRP-C</b> U.S. DEPARTMENT OF AGRICULTURE (09-30-25) Farm Service Agency		1. Applicant's Name  2. Administrative State Name      3. Administrative County Code  4. Agreement Number  5. Disaster Type, Disaster ID      6. FY Disaster Started					
<b>EFRP CHECKLIST CONTINUATION (Revisions and Partial Payments)</b>							
<b>INSTRUCTIONS:</b> This is an internal checklist and does not negate any responsibilities by the participant. It does not indicate any misaction or misinformation on the part of the county office if it is not completed. However, it will be used to ensure accountability of actions. <b>Completion of this form is required by 1-EFRP (Rev. 1) for all EFRP agreement revisions or partial payments.</b>							
<b>PART E AGREEMENT REVISION APPROVAL (Use for each agreement revision.)</b>							
<b>Note:</b> This section is not required if there are no revisions to the c/s agreement.							
Question	Applicable References	Yes	No	N/A	Initials	Date	
47A. If the revision was due to a change in participants or shares, were all necessary signatures obtained on FSA-848A?	1-EFRP paragraphs 142, 326 and 1-EQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
47B. Are all shareholders eligible for EFRP?	1-EFRP (Rev. 1) par. 35-39, 6-PL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
48. If the revision was due to a change in practice(s), component(s), or extent, was the change supported and documented by the technical agency?	1-EFRP (Rev. 1) par. 170-175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
49. If the revision was due to an additional practice/component/extent beyond the original approval, then has the additional action been properly reviewed and documented?	1-EFRP (Rev. 1) par. 103, 131, and 1-EQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
50. Has the COC/CED approved the FSA-848A and documented revision approval in COC minutes?	1-EFRP (Rev. 1) par. 135	<input type="checkbox"/>	<input type="checkbox"/>				
51. Was the revised FSA-848A signed and dated by the appropriate FSA representative (prior to sending to participant)?	1-EFRP (Rev. 1) par. 135	<input type="checkbox"/>	<input type="checkbox"/>				
52. Was the FSA-848A sent to participant for signature with the Notification of Approval letter?	1-EFRP (Rev. 1) par. 135	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
53. Did the participant return a signed FSA-848A within 15 days of COC notification of approval?	1-EFRP (Rev. 1) par. 135	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Certification: I (we) the undersigned certify the above items have been verified or updated accordingly.</b>							
54A. Preparer Signature	54B. Date (MM-DD-YYYY)						
55A. I concur/do not concur the above items have been verified and updated. <input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur							
55B. CED Signature						55C. Date (MM-DD-YYYY)	
56. Remarks							

## FSA-770 EFRP-C, EFRP Checklist Continuation (Revisions and Partial Payments) (Continued)

FSA-770 EFRP-C (09-30-25)							Page 2 of 2
PART F PARTIAL PERFORMANCE AND PAYMENT <i>(Use for each certification of partial performance and payment.)</i>							
<b>Note:</b> This section is not required if there are no partial payments issued on the c/s agreement							
Question	Applicable References	Yes	No	N/A	Initials	Date	
57. Did the participant(s) complete and submit a partial performance report for part of the practice(s)/component(s) approved on FSA-848B before or by the expiration date?	1-EFRP (Rev. 1) par. 142-143	<input type="checkbox"/>	<input type="checkbox"/>				
58. Did the participant(s) submit evidence of practice(s)/component(s) completion (such as participant certification, bills, invoices, etc.)?	1-EFRP (Rev. 1) par. 146	<input type="checkbox"/>	<input type="checkbox"/>				
59. Has the FSA-848B, page 1 been signed and dated by all eligible participants requesting a share of the partial payment?	1-EFRP (Rev. 1) par. 142	<input type="checkbox"/>	<input type="checkbox"/>				
60. Was the FSA-848B, page 2 completed and signed by responsible technical agency to verify the partial performance?	1-EFRP (Rev. 1) par. 152, 153	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
61. Was the C/S payment calculated to be no more than the lesser of 75 percent of the total actual and total allowable cost?	1-EFRP (Rev. 1) par. 179, 180, 311	<input type="checkbox"/>	<input type="checkbox"/>				
62. Has a second party review of payment calculation been completed and documented?	1-EFRP (Rev. 1) par. 333	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Certification: I (we) the undersigned certify the above items have been verified or updated accordingly.</b>							
63A. Preparer Signature					63B. Date (MM-DD-YYYY)		
64A. I concur/do not concur the above items have been verified and updated.					<input type="checkbox"/> Concur	<input type="checkbox"/> Do Not Concur	
64B. CED Signature					64C. Date (MM-DD-YYYY)		
65. Remarks							