

1. To be completed by NRCS; check appropriate box.

This transaction is for CCC

This transaction is for NRCS

OMB No. 0578-0018

U. S. DEPARTMENT OF AGRICULTURE <h2 style="text-align: center;">APPLICATION FOR PAYMENT</h2> Information is needed from form AD-1155, Conservation Plan Schedule of Operations, to complete this form. Penalty for false statement or entries – fine of not more than \$10,000 or imprisonment of not more than five years, or both (18 USC 1001)	2. STATE  4. AGREEMENT or CONTRACT NO.  6. LOCATION CODE NO.	3. PROGRAM NAME  5. PAYMENT APPLICATION NO.  7. COUNTY
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**8. SPECIFIED CONSERVATION PRACTICES PERFORMED**

Line	A. Agreement or Contract Item No.	B. Field	C. Practice and Identifiable Unit	D. Date Started	E. Date Completed	F. Practice Units Completed	G. Extent	H. Average Cost \$	I. Cost Share %	J. Amount Earned \$
1										
2										
3										
4										
5										

**9. OTHER PROGRAM PAYMENTS (APPRAISAL, SURVEY, EASEMENT PAYMENT, ETC.)**

1										
2										
3										
4										
5										

**10. TOTAL EARNED:**

**11. DIVISION OF PAYMENT BETWEEN PARTICIPANTS**

				PARTICIPANT 1			PARTICIPANT 2					
A. Did the State or Federal Government bear any part of this expense? NO <input type="checkbox"/> YES <input type="checkbox"/>				B. How much? _____			H. NO <input type="checkbox"/> YES <input type="checkbox"/>			I. How much? _____		
				LINE (1)	% SHARE (2)	PAYMENT SHARE (3)		LINE (1)	% SHARE (2)	PAYMENT SHARE (3)		
C. Deductions (NRCS or FSA) Authorizations for Materials or Services							J.					
D. Debts due the Federal Government							K.					
E. State and Federal aid							L.					
F. Other							M.					
G. Net payment due participant							N.					

**12. PARTICIPANTS' CERTIFICATIONS**

*I (We) certify that the above information is true and correct; and that the identifiable unit(s) for which Federal cost share is requested are carried out and performed in accordance with the specifications and provisions of the above-numbered agreement/contract; that if more than one person contributed to the carrying out of the identifiable unit(s), as shown above, the cost share will be divided in proportion of the extent which they contributed to the carrying out of the identifiable units(s). I (We) also certify that this application contains no duplication of payment under any other program of the U.S. Department of Agriculture.*

PARTICIPANT 1				PARTICIPANT 2				
A. Tax Identification No.	B. SS <input type="checkbox"/>	TIN <input type="checkbox"/>	C. Name	G. Tax Identification No.	H. SS <input type="checkbox"/>	TIN <input type="checkbox"/>	I. Name	
D. Address				J. Address				
E. Signature				F. Date		K. Signature		L. Date

**OMB DISCLOSURE STATEMENT**

According to the Paperwork Reduction Act of 1995, 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 collections is 0578-0018. The time required to complete this information collection is estimated to average 35 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 information.

**PRIVACY ACT STATEMENT**

The above statements are made in accordance with the Privacy Act of 1974 (5 U.S. C. 522a). Furnishing this information is voluntary; however, failure to furnish correct, complete information will result in the withholding or withdrawal of such technical or financial assistance. The information may be furnished to other USDA agencies, the Internal Revenue Service, the Department of Justice, or other State or Federal law enforcement agencies, or in response to orders of a court, magistrate, or administrative tribunal.

**NONDISCRIMINATION STATEMENT**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or 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, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964.

**13. FOR USE BY FSA COUNTY COMMITTEE ONLY:**

*I certify to the best of my knowledge and belief this application contains no duplication of payment under any program of the U.S. Department of Agriculture administered by FSA, and the participant is not shown on the county claim control record as being indebted to the government, except as explained on the reverse side. If required by the applicable program, the participant has filed the AD-1026 certification of compliance with the highly erodible land and wetland conservation provisions of the Food Security Act of 1985, as amended, and has not been determined to be in violation of these provisions.*

A. Signature	B. Date	
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**14. Certification by Designated Conservationist**

*I certify that the practice (identifiable unit) specified in the above application has been properly carried out, and meets the standards and specifications of the above-numbered agreement/contracts.*

A. Signature	B. Date
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**15. Certifying Officer's Approval**

*Pursuant to authority vested in me, I certify that the items listed herein are correct and hereby approved for payment from the fund (s) designated on supporting data records.*

A. Signature	B. Date
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