

<b>PRACTICE APPROVAL AND PAYMENT APPLICATION</b>  Information is needed from the Conservation Plan Schedule of Operations to complete this form. Penalty for false statement or entries.	Participant "	Program and Contract Number "
	County and State "	Fund Code "
	Watershed "	Payment Application Number

**1. CONSERVATION PRACTICES PERFORMED**

Contract Item	Practice	Inspection Date	Practice Completion	Planned Amount	Applied Amount	Units	Cost Per Unit	Cost Share % Method	Payment Cap	Amount Earned
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**Total Amount Earned:**

**Notes**  
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**Practice Certification**  
 Practice(s) have been performed to the extent shown above and meet the program requirements. If the practice(s) does (do) not meet practice specifications, or if additional work is required, see explanation in Performance Report below.

<b>Performance Report</b> Á	<b>Certification By</b> ..	<b>Date</b> .
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**2. PARTICIPANT CERTIFICATION AND SIGNATURE**

**CERTIFICATION BY PARTICIPANT(s):** I certify that the above information is true and correct. I further certify that the entry in Column Practice Extent and Units shows that the practice(s) was (were) performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the NRCS Approving Official has determined that the practice(s) has (have) been performed and further certify that this payment is not a duplicate of any other earned by me through another USDA program. Any payment that has or will be received from other sources has been disclosed to the NRCS Approving Official. I agree to maintain this (these) practice(s) for at least the practice service life beginning with the date the practice was completed. I agree to refund all or part of the cost-share/incentive assistance paid to me, as determined by the NRCS Approving Official, if before expiration of the practice service life, 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.

Participant Name, Address, Telephone . .. ..	Signature
	Date

**3. NRCS APPROVING OFFICIAL CERTIFICATION**

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

<b>NRCS Approving Official</b>	<b>Date</b>
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**4. PAYMENT SUMMARY**

Participants with 0% payment shares are not listed.

Participant Name	SSN or TaxID	Account	Payment Share	Payment
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<b>Total</b>				

**5. PAYMENT ASSIGNMENTS**

Participants with active payment assignments are listed.

**OMB DISCLOSURE STATEMENT**

According to the Paper Work 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 prints a valid OMB control number. The valid OMB control number for this information collection is 0578-0013. The time required to complete this information collection is estimated to average 0.69 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**PRIVACY ACT STATEMENT**

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