1. To be completed by NRCS; check appropriate box: ☐ This transaction is for CCC. ☐ This transaction is for NRCS.

OMB No. 0578-0013

U. S. DEPARTMENT OF AGRICULTURE

CONSERVATION PLAN
SCHEDULE OF OPERATIONS

2. Page ____ of ____

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.

3. NAME	4. COUNTY	5. STATE	6. CONTRACT OR AGREEMENT NO.	7. TOTAL ACRES UNDER CONTRACT

ITEM NO.	FIELD	PLANNED CONSERVATION TREATMENT (Record of Decisions)	ESTIMATED AMOUNT (UNITS)	COST BASIS $	COST SHARE OR PAYMENT RATE %	COMPLETION SCHEDULE AND ESTIMATED COST-SHARE OR PAYMENT BY YEAR (For Non-Cost Share Items Show Units)										REF. NO.
						14 Year	15 Year	16 Year	17 Year	18 Year	19 Year	20 Year	21 Year	22 Year	23 Year	
8	9	10	11	12	13	24	25	26	27	28	29	30	31	32	33	34
		A. Total Cost-Share or Payment by Year														
		B. Total Contract Payment:														

NOTES:

A. All items numbered in column 8 on form AD-1155 must be carried out as a part of this contract to prevent violation.
B. When established, the conservation practices listed in column 8 must be maintained by the participant at no cost to the government.
C. Enter total cost per unit in column 12 on form AD-1155 unless the method of cost-share is flat rate. When flat rate, enter the amount per unit to be paid to the participant.
D. All cost share rates in column 13 are based on average cost with the following exceptions:
AA = Actual costs not to exceed average cost.
FR = Flat rate.
NC = Non cost-shared.
AM = Actual cost not to exceed a specified maximum.
AP = Annual payment.
E. Modifications will be referenced by the number in column number 34 on form AD-1155.
F. By signing, the participant acknowledges receipt of this conservation plan including form AD-1155 and this form AD-1155A and agrees to comply with the terms and conditions hereof.

35. CERTIFICATION OF PARTICIPANTS

A. SIGNATURE	B. Date	C. SIGNATURE	D. Date	E. SIGNATURE	F. Date

36. SIGNATURES OF REVIEWING OFFICIALS

A. District Conservationist – Technical Adequacy Certification	B. Date	C. APPROVED BY (Conservation District Representative)	D. Date
SIGNATURE		SIGNATURE	

The signature by the NRCS representative signifies a CCC or NRCS transaction as indicated above.

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