CONSERVATION PROGRAM APPLICATION

Clear Form

Applicant (Decision Maker):	**Application Date:**
Address: **Email:**	**Location where assistance is requested:**
Telephone:	**Receive text messages (optional):**
Assistance Requested:	

Click here for instructions to complete this form or contact the local office for assistance.

1. Do you have a customer record with the Farm Service Agency (FSA)?

❑ Yes ❑ No

2. Interested in participating in the following (select all that apply):

❑ Agricultural Conservation Easement Program-Wetland Reserve Easement (ACEP-WRE)
❑ Agricultural Management Assistance (AMA)
❑ Conservation Stewardship Program (CSP)
❑ Environmental Quality Incentives Program (EQIP)
❑ Regional Conservation Partnership Program (RCPP)

a) Program enrollment type, activity type, and/or project name, as applicable:

3. Applicant Information:

Select the business structure and enter the legal name, and tax identification number for all applicants who will be participants on the contract or agreement including the decision maker.

Business Structure (Mark with an X)		**Applicant Legal Name**	**Tax Number** (last four digits)
Individual	Entity		
❑	❑		
❑	❑		
❑	❑		
❑	❑		
❑	❑		
❑	❑		

To add more applicants, complete NRCS-CPA-1200 Continuation Page, Applicant Information and attach to this form.

a) If applicant is a legal entity or joint operation, do you have appropriate documents including proof to sign for the entity or joint operation?

❑ Yes ❑ No ❑ N/A

b) Complete the table below for all applicants who meet the requirements for one or more of the historically underserved categories. Refer to the instructions to learn more about the requirements. If none, leave blank. (optional)

Applicant Legal Name	Limited Resource Farmer or Rancher	Beginning Farmer or Rancher	Socially Disadvantaged Farmer or Rancher	Veteran Farmer or Rancher	Veteran Discharge Date
	❑	❑	❑	❑	
	❑	❑	❑	❑	
	❑	❑	❑	❑	
	❑	❑	❑	❑	
	❑	❑	❑	❑	
	❑	❑	❑	❑	

4. Land Information. The following questions apply to the land being offered for enrollment through this application.

a) Land Type (check all that apply):

❑ Private Land
❑ Public Land: ❑ Federal Government ❑ State Government ❑ Local Government
❑ Indian Land: ❑ Allotted ❑ Tribal Trust Land ❑ Tribal Non-Trust Land ❑ Other

b) Control of Land Documentation (check all that apply):

❑ Deed or other evidence of land ownership
❑ Written lease agreement
❑ Other agreement or legal conveyance (describe):

c) Is the land currently enrolled in other USDA conservation program(s)?

❑ Yes ❑ No
Which program(s):

d) Organic Certification:

❑ Certified Organic by the National Organic Program (NOP)
❑ Transitioning to become Certified Organic by the NOP
❑ Exempt from Organic Certification as defined by the NOP
❑ Not Applicable

e) What is the primary crop type(s)?

f) What is the primary livestock type(s)?

The applicant agrees not to start any financially assisted conservation practice or activity or engage the reimbursable services of a certified technical service provider before an obligating document is executed by NRCS. The applicant understands that if they start a conservation practice or activity prior to NRCS executing an obligation the applicant will be ineligible to receive payment for the conservation practice or activity. The applicant may request a waiver to begin a conservation practice or activity early by submitting their written request to the applicable NRCS State Conservationist. Applicants must provide NRCS with written authorization from the landowner to install structural or vegetative practices on leased land included in this application.

The applicant acknowledges that they have or will file all other required eligibility information including highly erodible land conservation/wetland conservation certifications, adjusted gross income certifications, and member information for entities and joint operations with the FSA, as applicable, prior to NRCS approving an agreement based on this application.

The applicant may obtain a copy of the applicable conservation program contract appendix, which defines the full terms and conditions of program participation at the local NRCS office.

❑ Check here if NRCS-CPA-1200 Continuation Page, Applicant Information is attached.

Applicant Signature	**Date**

NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov

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