

PRACTICE APPROVAL AND PAYMENT APPLICATION 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

Total

Notes

Practice Certification Practice(s) performed to the extent shown above, meets program requirements and practice standards and specifications		
Performance Report	Certification By USDA electronic signature; manual signature not required	Date

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 USDA 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 amount paid to me, as determined by the NRCS Approving Official, if in violation of the contract terms, 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 and does not agree in writing to properly maintain the practice as required.

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

NRCS Approving Official USDA electronic signature; manual signature not required	Date
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4. PAYMENT SUMMARY

Participants with 0% payment shares are not listed.

Participant	SSN or Tax ID	Account	Payment Percent	Payment Amount
Total				

5. PAYMENT ASSIGNMENTS (Use NRCS-CPA-1236)

Participants with active payment assignments are listed below.

Participant	Assignment Amount	Assignment Balance
Assignee Name and Address	Assignee Account	

PRIVACY ACT STATEMENT

The following statements are made in accordance with the Privacy Act of 1974 (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.

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USDA
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410

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