

**Easement Internal Controls**

**Request Consideration of Easement Internal Controls National-level Review Threshold Adjustment for States**

**Instructions:** Requests, recommendations, and approval or denial for an adjustment to State national-level review thresholds must be documented on this form. Requestors must complete this form, including State Conservationist signature or Easement Programs Division (EPD) signature as appropriate, and send to the Regional Conservationist and the Internal Controls Review Team (NRCS.Internalcontrols@wdc.usda.gov). Requests will be reviewed as indicated by the signature lines in the dark grey box below. States will be given a determination in writing from the Regional Conservationists office. Considerations should be made prior to requesting adjustment to a State's national-level review threshold. Considerations include, but are not limited to, past audit reviews, reported improper payments, internal controls review results, staffing changes, etc. States must continue to submit packages for national-level review at their current threshold, until the written determination for an adjusted threshold is provided by EPD.

State:	
Request Date:	
Current National-Level Review Threshold:	
Requested National-Level Review Threshold:	
Other:	Please Explain:

If State is requesting, complete the following:

**Workload Assessment:**

At least five national-level internal controls reviews (preobligation or prepayment) have been completed in the preceding 12 months? (if selecting no, stop and refer to minimum criteria found in NI 300-300)

List five easements your State anticipates closing in the next 12 months:

NEST #	Name	Program	Total NRCS Amount

Staff Assessment: Have State easement staff for 1<sup>st</sup> and 2<sup>nd</sup> level reviewers changed in the preceding 12 months?

\_\_\_\_\_  
State Conservationist

\_\_\_\_\_  
Date

If National Headquarters is requesting, complete the following:  
Basis for request:

**National-Level Internal Controls Review Data for State:**  
Potential Improper Payment Rate \_\_\_\_\_

Potential Audit Finding Rate \_\_\_\_\_  
First-Time Submittal Approval Rate \_\_\_\_\_

Notes:

Recommendation for Approval

_____	_____		
IC Review Team Leader	Date	Yes	No
_____	_____		
Easement Programs Division	Date	Yes	No
_____	_____		
<b>Regional Conservationist</b>	<b>Date</b>	<b>Approved</b>	<b>Denied</b>