

## Easement Internal Controls Expedited Review Request

|                                        |  |                                      |  |               |
|----------------------------------------|--|--------------------------------------|--|---------------|
| <b>Program:</b>                        |  | <b>Program Component:</b>            |  |               |
| <b>Agreement Number (NEST/PT):</b>     |  | <b>FY:</b>                           |  | <b>STATE:</b> |
| <b>RCPP Project Number and Name:</b>   |  |                                      |  |               |
| <b>Is this a parcel substitution?</b>  |  | <b>Is this a WRE/WRP Conversion?</b> |  |               |
| <b>Decision Maker:</b>                 |  |                                      |  |               |
| <b>Total NRCS Agreement Amount:</b>    |  |                                      |  |               |
| <b>Enrollment Type &amp; Duration:</b> |  |                                      |  |               |
| <b>Initiative (if applicable):</b>     |  |                                      |  |               |

**INSTRUCTIONS:**

Use this Easement Internal Controls (IC) Expedited Review Request to document expedited review requests and responses. Expedited IC reviews may only be requested for prepayment/closing review type; not preobligation review type. Follow NI 300-300 for instructions on how to submit this request for review and response. The following signature blocks must be completed prior to submission of the package to the National Internal Controls Team.

|                                                                    |
|--------------------------------------------------------------------|
| <b>State/EAB comments and reason for expedited review request:</b> |
|                                                                    |

|                                                                |
|----------------------------------------------------------------|
| <b>Regional Conservationist notes and reason for response:</b> |
|                                                                |

**STATE CONSERVATIONIST/EAB Branch Chief**

|                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <i>By signing below, I am recommending this request for an expedited review be approved and am certifying that this is an exceptional circumstance that could not be prevented or foreseen.</i> |  |
| <b>Signature &amp; Date:</b>                                                                                                                                                                    |  |

**REGIONAL CONSERVATIONIST**

|                                                                                                                                                                                                                                                                    |            |        |               |            |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|---------------|------------|--------|
| <i>By signing and indicating a decision below, I am completing the request for an expedited National-Level IC Review. I have taken into consideration whether this request is an exceptional circumstance and is necessary for the success of this enrollment.</i> |            |        |               |            |        |
| <b>Approved</b>                                                                                                                                                                                                                                                    | (Checkbox) | (Date) | <b>Denied</b> | (Checkbox) | (Date) |
| <b>Signature:</b>                                                                                                                                                                                                                                                  |            |        |               |            |        |