U.S. Department of Agriculture

OMB NO. 0578-0013

A. **APPLICATION FOR LONG-TERM CONTRACTED ASSISTANCE THROUGH THE _____ PROGRAM**

B. To be completed by NRCS; check appropriate box:

☐ **This transaction is for CCC**

☐ **This transaction is for NRCS**

C. State:	D. County:
1. Applicant Name and Address:	2. Applicant Name and Address:
1 a. Phone:	2 a. Phone:

I (We) hereby apply for participation in this program and submit the following information in support of the application. I (We) hereby attest that the name(s) listed in Items 1 and 2, have complete control of the property described in Item 3 below.

3. Description and location of farm, ranch, or other unit:

4. The land is owned by the applicant(s): ☐ Yes ☐ No If the answer to Item 4 is **NO,** provide an explanation below:

5. Description of area(s) needing treatment. Type and severity of problem(s), and treatment needed to correct the problem(s):

6. I (We) understand this application does not obligate the applicant(s) or _____ to enter into a contract.

6 a. Signature(s): _____ 6 a. Date: _____

6 b. Signature(s): _____ 6 b. Date: _____

7. The land has been evaluated and determined to be eligible for the program for which applied ownership criteria is met by the following methods:

Personal Knowledge: _____

Knowledge of: ☐ 7 a. Conservation District Board Members ☐ 7 b. FSA Records ☐ 7 c. Deed ☐ 7 d. Other, explain: _____

8. If application is for WRP, check appropriate box.

☐ 8 a. 10 Year Restoration Agreement ☐ 8 b. 30 Year Easement ☐ 8 c. Permanent Easement

9. If application is for GRP, check appropriate box.

☐ 9 a. 10 Year Contract ☐ 9 b. 15 Year Contract ☐ 9 c. 20 Year Contract ☐ 9 d. 30 Year Contract

☐ 9 e. 30 Year Easement ☐ 9 f. Permanent Easement

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

10. Authorizing Official for: _____ 10 a. Signature: _____ 10 a. Date: _____

OMB DISCLOSURE STATEMENT

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. This valid OMB control number for this information collection is 0578-0013. The time required to complete this information collection is estimated to average 0.75 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information.

PRIVACY ACT STATEMENT

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