United States Department of Agriculture

NRCS

Natural Resources Conservation Service
Address
City, Kansas ZIP

Phone: xxx-xxx-xxxx
FAX: xxx-xxx-xxxx
www.ks.nrcs.usda.gov

SUBJECT: LTP–Farm Bill Program Contract Modification–Deletion of Acreage

DATE:

TO: ASTC-FO Name
Assistant State Conservationist, NRCS,
City, Kansas ZIP

FILE CODE: 300-19-EQIP

2002 Farm Bill Programs (check one): ☐ EQIP ☐ WHIP

2008 Farm Bill Programs (check one): ☐ AWEP ☐ CSP ☐ EQIP ☐ WHIP

County _____ Service Center _____

Contract No.: _____

Decision Maker Name: _____

Justification for loss of control of land: (Check all that apply)

☐ Land is being enrolled in the Conservation Reserve Program (CRP) (e.g., Continuous, General, and CREP) and will attain a higher level of conservation

☐ Land is being enrolled in a different program that will attain a higher level of conservation (state program and reason):

☐ Land was involuntarily lost due to circumstances beyond the control of the participant

☐ Land is deleted due to the following:

Contract No. _____ Date: _____

Answer the following items related to the land being removed

1) Have any funds been earned in the contract? ☐ Yes ☐ No

- If yes, has the participant indicated on their formal written request that each of the existing enhancements or practices shall remain in place and function as intended throughout their life span? ☐ Yes ☐ No
- If yes, list the paid practice/enhancement code, acres, and dollars **for those acres being deleted**:

Contract Item Number	Code	Acres	Dollars	Contract Item Number	Code	Acres	Dollars

2) Are there additional participants who have received a portion of the financial assistance payments? ☐ Yes ☐ No

3) If applicable, have the additional participants been informed of the proposed action? ☐ Yes ☐ No ☐ Not applicable

Attach the following: *all items must be included in order for request to be processed.**

a) Copy of formal written request from participant.

b) Copy of the following contract **signature pages**:

- Form NRCS-CPA-1200 or CCC-1200, Conservation Program Application
- Form NRCS-CPA-1202, Conservation Program Contract
- Form NRCS-CPA-1202 or Form CCC-1200, Appendix
- Form NRCS-CPA-1155, Conservation Plan or Schedule of Operations
  If Applicable, most recent Form NRCS-CPA-1156, Revision of Plan/Schedule of Operations or Modification of a Contract
- If applicable, Form NRCS-CPA-152,Transfer Agreement
- If applicable, Power of Attorney (POA) or entity signature authority

c) If applicable, Form NRCS-CPA-153, Agreement Covering Non-Compliance with Provisions of Contract

d) Copy of Fund Manager Contract Summary Report for this contract

e) Screen shot of Program Contracts System (ProTracts) “Participant Information”

(*) If this data is already available in electronic contracts (eContracts), it does not need to be uploaded again.

Contract No. _____ Date: _____

Designated Conservationist's Recommendation:

- ☐ Modify without recovery of cost (if practices have been paid on, please explain)
- ☐ Modify with recovery of cost
- ☐ Other (please explain)

Submitted by: _____ Date:_____
Supervisory/District Conservationist

Assistant State Conservationist for Field Operations:

- ☐ I have read the above information and concur with this recommendation
- ☐ I do not concur with this recommendation and recommend the following action:

Signed by: _____ Date:_____
Assistant State Conservationist for Field Operations

State Conservationist:

- ☐ I have read the above information and concur with this recommendation
- ☐ I do not concur with this recommendation and recommend the following action:

Approved by: _____ Date:_____
State Conservationist