

United States Department of Agriculture



Natural Resources Conservation Service
Address
City, Kansas Zip+4

Phone:
FAX:
www.ks.nrcs.usda.gov

SUBJECT: LTP–Applicable Program
–Equitable Relief–(Contract Number)

DATE:

TO: Name, Assistant State Conservationist,
NRCS, City, Kansas

FILE CODE: 300-5

General Information:

Participant(s) Requesting Equitable Relief–
Program–
Contract Number–
Type of Relief Requested–

Brief Description:

Short summary of what occurred for equitable relief to be requested (i.e., contract expired and participant incurred expense, error in design).

Findings of Fact:

A detailed account of the situation including relevant background information, the process and events of what occurred leading to the participants request for equitable relief. Address and reference each of the items in the Conservation Programs Manual Section 509.10B(2). Assurance that all regulatory requirements have been met by the participants for the type of relief requested. Acknowledgement that all practices for which equitable relief is requested have been checked out and meet the Natural Resources Conservation Service standards and specifications.

Additional Actions Necessary:

Include any additional actions that must be taken prior to the participant receiving the equitable relief payment (i.e., completion of a practice not fully completed, reapplication of a practice to standards and specifications, and modification of a contract).

Conclusion:

Any additional information the district conservationist feels is relevant to the situation and their recommendation for equitable relief requested.

NAME

District Conservationist

cc:

Name, Supervisory District Conservationist (if applicable), NRCS, City, Kansas