

# CONTRACT TERMINATION / CANCELLATION - REQUEST

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Participant Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_

NRCS Servicing Office: \_\_\_\_\_ County: \_\_\_\_\_

Program:  WHIP  EQIP  CSP  Other: \_\_\_\_\_

**Copies of signed CCC-1200 and Appendix, current AD-1155/1156, Ranking Worksheet, Status Reviews, are attached**  
*Document on current AD-1155/1156 all practices completed and the date that practice was completed*

Contract expiration date: \_\_\_\_\_ Total contract obligation amount \$ \_\_\_\_\_

Total current financial assistance obligated at the time of termination/cancellation \$ \_\_\_\_\_

**Cancellation requested by participant**  
 **Copy of letter is attached**

Date letter received: \_\_\_\_\_

**Termination initiated by NRCS**

Date: \_\_\_\_\_

Situation Number: \_\_\_\_\_ (From Recovery of Costs Guidance Worksheet)

Justification Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will failure to perform remaining practices impair effectiveness of practices performed?  Yes  No  
Will the performed practices provide environmental benefits consistent with program goals?  Yes  No  
Will the performed practices be operated and maintained for the practice service life?  Yes  No

**District Conservationist (DC) RECOMMENDATION:**

Does the DC recommend termination/cancellation?  Yes  No

Does the DC recommend Recovery of Costs?  Yes  No Amount: \$ \_\_\_\_\_

DC Comments: \_\_\_\_\_  
\_\_\_\_\_

DC Signature & Date \_\_\_\_\_

**Contracting Officer (CO) DECISION on Cancellation/Termination:**

I approve the cancellation or termination of this contract  Yes  No

**CO RECOMMENDATION on Recovery of Cost:**

Liquidated Damages:  Yes  No Amount: \$ \_\_\_\_\_

Refund of Financial Assistance Payments:  Yes  No Amount: \$ \_\_\_\_\_

CO Signature & Date \_\_\_\_\_

**Program Staff Reviewer's Comments:** \_\_\_\_\_

Does recommendation meet program policy?  Yes  No

Signature & Date \_\_\_\_\_

**State Conservationist (STC) CONCURRENCE on Cancellation/Termination Action:**

Yes  No

**STC Concurrence on Recovery of Cost and/or Refund of Financial Assistance Payments:**

Yes  No

STC Signature & Date \_\_\_\_\_