

# FARM BILL PROGRAM APPLICATION WORKBOOK



**THIS WORKBOOK IS INTENDED TO HELP YOU AND YOUR NRCS CONSERVATIONIST DEVELOP A QUALITY CONSERVATION PLAN FOR YOUR CURRENT OPERATION THAT ENSURES YOU MEET YOUR FARMING OBJECTIVES AND HELPS YOU COMPLY WITH ENVIRONMENTAL LAWS AND REGULATIONS.**



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Additional detailed information on all conservation programs and a downloadable version of this 2008 Application Workbook and forms are located at:

[http://www.nv.nrcs.usda.gov/programs/application\\_workbook.html](http://www.nv.nrcs.usda.gov/programs/application_workbook.html)

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## NRCS CONSERVATION PROGRAMS

NRCS programs help people reduce soil erosion, enhance water supplies, improve air and water quality, increase wildlife habitat, and reduce damages caused by floods and other natural disasters. Public benefits include enhanced natural resources that help sustain agricultural productivity and environmental quality while supporting continued economic development, recreation, and scenic beauty. The funding for conservation programs has increased significantly since 2003. The demand for these programs and for NRCS technical assistance has increased four-fold. In order to help you develop a conservation plan and to help us service applications for financial assistance as quickly as possible.

This Application Workbook was developed for your use in preparing a conservation plan as a part of the application process and for participation in the following Farm Bill programs\*:

- Environmental Quality Incentives Program (EQIP)
- Wildlife Habitat Incentives Program (WHIP)
- Ground and Surface Water Conservation Program (GSW)
- Agricultural Management Assistance Program (AMA)

(\*Note: detailed information can be located at <http://www.nrcs.usda.gov/programs/> or <http://www.nv.nrcs.usda.gov/programs/>).

## APPLICANT INSTRUCTIONS

If you have a conservation plan already on file with the local NRCS or Conservation District office that is three years old or less, you don't need to answer these questions. However, please take the time to review your plan with your NRCS conservationist to ensure that your plan is up to date and meeting your current objectives.

If you are a new landowner/operator and are seeking NRCS technical advice, or you are seeking cost-share assistance for our Farm Bill programs, please complete this workbook and return it to your local NRCS office.

If you are applying for financial assistance, to ensure timely processing of your application, please complete the following:

1. **Read the Application Checklist (page 4).**
2. **Complete the assessment sheets** for the land uses you wish to address. For example, if you wish to address irrigation efficiency on cropland, complete the "Cropland Assessment."
3. **Complete and sign the Producer Application Checklist**, attaching the required documentation, such as proof of control or ownership of the land, and water rights. You will also need to complete a Direct Deposit Sign-Up Form (SF-1199A on page 39) that provides us with direct deposit information for your payments.
4. **Sign all documents** where indicated and return them to your local USDA-NRCS Service Center. Additional detailed information on all conservation programs and a downloadable version of the 2008 Application Workbook is located at <http://www.nv.nrcs.usda.gov/programs/>.



## Producer Application Checklist

As required, and in order to expedite processing of your application for participation in EQIP, AMA GSW, and/or WHIP, you must provide certain information as described below. Take the completed packet to your local USDA-NRCS office and obtain an official application form, NRCS-CPA-1200, fill out and submit to the local NRCS office. The NRCS-CPA-1200 form can be found on page 25.

- Assessment Worksheets** – Complete and sign the applicable worksheets in this workbook.
- Irrigation History** – For irrigation projects, you must self-certify irrigation history by completing and signing NV-LTP-1, Producer Self-Certification of Irrigation History (page 11)
- Beginning Farmer/Limited Resource Producer** – To determine if you are eligible and for more information, you can visit [http://www.nrcs.usda.gov/programs/SLB\\_Farmer/](http://www.nrcs.usda.gov/programs/SLB_Farmer/) and complete the on-line Limited Resource Producer Self-Determination Tool. All beginning and limited resource producers will be required to submit supporting documentation verifying eligibility when they submit an EQIP application.
- Proof of Land Ownership** – You must provide documentation of land ownership. (deeds, tax assessment, or other legal documentation.)
- Leased Land** – If the land is leased you must provide NRCS with evidence that you have control of the land for the length of the contract you wish to enter in to. Such evidence could be a copy of the lease agreement or a signed letter from the landowner. You must also supply evidence of the landowner's approval to apply structural practices on the land.
- Changes in Field Configurations** – If you have made changes to your field boundaries or configurations, please notify FSA. You may need to complete a new Highly Erodible Land (HEL)/Wetland (WL) determination (AD-1026). This form must be reviewed annually for you to remain eligible for participation in USDA programs. The HEL/WL form begins on page 29.
- Water Rights** – For irrigation projects and certain wetland restoration projects, you must provide documentation of water rights and applicable “change of use permits” associated with that tract of land. Water rights must be sufficient for crops being produced. This documentation may be in the form of water certificates and/or a letter from the irrigation company stating that the tract of land has sufficient water rights available for use.
- Legal documentation of signatory** – Documentation may include Power of Attorney or Articles of Incorporation that stipulates who has signatory authority for the entity or operation.
- Vendor Information** – In order for us to reimburse you through electronic deposit, please provide a current Direct Deposit Sign-Up Form (SF-1199A on page 39). If you have participated in the past, we may already have one on file.

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Producer Signature

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Date



## Assistance Information for Programs

- **Environmental Quality Incentive Program (EQIP)**

EQIP offers financial and technical assistance to eligible participants for installation or implementation of structural and management practices on eligible agricultural lands.

- **Grassland Reserve Program (GRP)**

GRP is a voluntary program offering landowners the opportunity to protect, restore, and enhance grasslands on their property. Easements or annual rental payments are offered as part of the program.

- **Conservation Reserve Program (CRP)**

CRP encourages farmers to convert highly erodible cropland or other environmentally sensitive acreage to vegetative cover, such as tame or native grasses, wildlife plantings, trees, filter strips, or riparian buffers. Marginal land is the main target when looking for land to enroll in this program. Farmers receive an annual rental payment for the term of the multi-year contract.

- **Conservation Technical Assistance (CTA)**

CTA provides free technical assistance to help farmers and ranchers identify and solve natural resource problems on their farms and ranches. This might come as advice and counsel, through the design and implementation of a practice or treatment or as part of an active conservation plan. This program is provided through the local Conservation Districts and NRCS.

- **Wetlands Reserve Program (WRP)**

WRP is a voluntary program offering landowners the opportunity to protect, restore, and enhance wetlands on their property. Easements and restoration payments are offered as part of the program.

- **Wildlife Habitat Incentive Program (WHIP)**

WHIP is a voluntary program offering financial and technical assistance to participants for restoring, maintaining, or enhancing wildlife habitat on eligible non-federal lands.

- **Conservation Security/Stewardship Program (CSP)**

CSP is a voluntary program that provides stewardship and maintenance payments to farmers who agree to continue using good conservation practices on their production land. CSP also provides cost sharing to install new practices and enhancement payments for farmers who go beyond the minimum requirements for protecting resources such as soil, water, air, energy, plant and animal life, on working lands.

- **Agricultural Management Assistance (AMA)**

AMA provides cost share assistance to agricultural producers to voluntarily address issues such as water management, water quality, and erosion control by incorporating conservation into their farming operations. Producers may construct or improve water management structures or irrigation structures; plant trees for windbreaks or to improve water quality; and mitigate risk through production diversification or resource conservation practices, including soil erosion control, integrated pest management, or transition to organic farming.

*Note: It is understood that this document does not contain all of the elements to address every planning scenario. Further refining and editing of this document may be needed based on field use and testing.*

## What is a Conservation Plan?

A conservation plan is a voluntary, site-specific comprehensive, and action oriented, document containing natural resource information and record of decisions made by you the client. It describes the schedule of operations and activities needed to solve the identified natural resource problems. The conservation plan is a guide to help the landowner manage his/her operation. It is also a tool that helps manage your land's profitability while protecting, conserving, and enhancing your natural resources such as soil, water, air, plants, and animals. A conservation plan, when completed, will provide alternatives and describe each of the conservation practices you may select to manage the natural resources on your farm to meet your goals, and objectives. Developing a conservation plan is voluntary and relies upon you making decisions and implementing the plan.

The Conservation Planning Process consists of nine steps divided into three phases. Completing the Farmland Conservation Planning Workbook is part of the first step in fact gathering needed to complete your conservation plan. After completing the Workbook, a conservation planner will still need to make one or more visits to your farm to collect specific information needed to complete your conservation plan.

After completing this workbook, please call your local NRCS or Soil Conservation District office so that you may begin to work together with a conservation planner.

The location and telephone number of your nearest USDA Service Center is on the Nevada NRCS Web Site [www.nv.nrcs.usda.gov](http://www.nv.nrcs.usda.gov) or in the phone book under United States Department of Agriculture.

### Potential benefits of implementing a conservation plan on your land:

- ▶ Increase in economic return on the operation
- ▶ Improve soil quality and plant production
- ▶ Increase irrigation water efficiency for your crops and grazing land
- ▶ Ensure better natural resource quality for you, your animals and your land
- ▶ Increase your property value
- ▶ Enhance open space and wildlife habitat
- ▶ Improve animal health
- ▶ Prevent off-farm impacts
- ▶ Contribute to plant health and vigor
- ▶ Make your land more attractive and promote good neighbor relations
- ▶ Improve chances of funding through Farm Bill Programs

## Information about Your Land

Please complete the following information.

Name of Landowner: \_\_\_\_\_

Name of Land Manager: \_\_\_\_\_

Business or Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home - \_\_\_\_\_

Business - \_\_\_\_\_

Cell - \_\_\_\_\_

E-mail address: \_\_\_\_\_

List the location of the land, or portion of land, you wish to plan.

FSA Farm Number/s: \_\_\_\_\_

FSA Tract Number/s: \_\_\_\_\_

Watershed: \_\_\_\_\_

Location:  
(section, township, range, etc.): \_\_\_\_\_

## Conservation Planning Self-Assessment

**This self-assessment is required and must be completed by the client or decisionmaker prior to requesting a conservation plan. Please answer the questions as they relate to your operation.**

Are you aware of any resource problems or concerns on your land?  Yes  No  
If yes, tell us about your problems or concerns. \_\_\_\_\_

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What opportunities do you have to solve the problems or concerns? \_\_\_\_\_

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What are your objectives? This includes land use, and problems and opportunities that you want to address. Consider the values you hold regarding natural resource use and protection, and your desire for improving your operation and/or quality of life. \_\_\_\_\_

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**Please complete the appropriate land use inventory to summarize natural resource, economic, and social information about your operation.**



## Land Use Information

**Please check the land uses that apply to your farming operation:**

Cropland/Hayland

A land cover/use category that is used for the production of adapted crops for harvest.

Grazingland

A land use of either introduced forage plants (irrigated or dry land) or land composed principally of native plants for the purpose of livestock grazing.

Wetlands

Lands transitional between terrestrial and aquatic systems where the water table is usually at or near the surface or the land is covered by shallow water.

Wildlife Habitat

Any land use that has the potential to be managed for wildlife habitat.

Headquarters

The land that normally has the home (residence), barn, sheds, corrals, and other outbuildings.

Confined Animal Feeding Operation

A designated enclosed area (corral) that is not planted to crop or pasture, where livestock are confined for more than 45 days.

## Goals and Concerns

Please summarize your goals (natural resource, production, and economic, etc.) and any changes to your farm that you would like to see take place.

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If you have any soil, water, air, plant, animal or human problems or concerns, please list them here (i.e., streambank erosion, irrigation problems, odor issues, etc).

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### Please answer the following questions.

Do you irrigate?  Yes  No

If yes, what types of irrigation system do you use (hand line, wheel line, pivot, flood, drip, other)? \_\_\_\_\_

Does your farm have streams on it?  Yes  No

Does your farm have any wetlands or wet areas?  Yes  No

Does your farm have wildlife areas, such as pivot corners, field borders, windbreaks, or other areas with natural vegetation that is not managed to produce a crop?  Yes  No

Are there any cultural or historic resources such as buildings, roads, structures, canals, prehistoric sites or artifacts over 50 years old on your property?  Yes  No

Do you handle, use, or store pesticides?  Yes  No

Do you handle, use, or store fertilizers?  Yes  No

Do you store, generate, or use agricultural waste (livestock manure, compost, barnyard runoff)?  Yes  No

If yes, is manure contained so that it does not enter ANY water body (drain, stream, river)?  Yes  No

Do you stay at least 30 feet away from water sources when applying manure?  Yes  No

When do you apply manure to land? \_\_\_\_\_

### PRODUCER CERTIFICATION OF IRRIGATION HISTORY

Program Applicant: \_\_\_\_\_  
 ProTracts Application/Contract No: \_\_\_\_\_ County: \_\_\_\_\_  
 FSA Farm/Tract & Field # \_\_\_\_\_

The following proof is provided to indicate that land is water righted under Nevada state water law or other legal rights established in Nevada: water rights certificate #, water rights maps, share certificates and assessments and/or well or pumping plant permits issued by a Tribe, State or Federal agency \_\_\_\_\_

I certify that I have physically irrigated the land listed in the table below. I am attaching the following irrigation documentation to support my claim. *Examples of acceptable documentation are provided on NV-LTP-1 (a)*

\_\_\_\_ (Check if making request) I am requesting an exception to the irrigation history requirement on the back of this form which due to circumstances beyond my reasonable control, prevented the land from being irrigated 2 out of the last 5 years prior to this application. Supporting documentation must be provided when requesting the exception *Examples of acceptable documentation are provided on NV-LTP1(a)*.

Tract	Field	Current Method of Irrigation	Total Field Acres	Acres/Crop Irrigated in year 20____				

I (we) certify it is my responsibility to provide NRCS with all records necessary to verify irrigation history documented on this form. I (we) certify that the data is accurate, current and complete information and that providing false information may result in denial of my program application, contract cancellation or may result in other punitive actions. I (we) understand that NRCS will make the final determination of acceptance of irrigation history or any validity of documentation submitted required by program and agency policy. A signature below indicates that I (we) have read and understand, or had explained to me, all requirements referenced within this form.

Authorized Producer(s) Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

#### NRCS Acknowledgement

1. Evidence of irrigation history has been provided and accepted \_\_\_\_\_ or denied \_\_\_\_\_ by:

District Conservationist \_\_\_\_\_ Date \_\_\_\_\_

2. Evidence of exceptions to irrigation history has been provided and been accepted \_\_\_\_\_ or denied \_\_\_\_\_ by:

Area Conservationist \_\_\_\_\_ Date: \_\_\_\_\_

If Evidence of irrigation history or exception information has been denied reason must be provide:

4. Request for irrigation history waiver has been approved \_\_\_\_\_ or denied \_\_\_\_\_ for the following reasons: \_\_\_\_\_ and appeal rights provided.

Assistant State Conservationist for Programs \_\_\_\_\_ Date \_\_\_\_\_



### **Acceptable Documentation for Evidence of Irrigation History:**

**Acceptable Data Sources:** Applicant must submit data for substantiating irrigation history along with NV-LTP-1. This data should include the following kinds of sources and is subject to acceptance by NRCS. Applicant may be requested to supply NRCS with additional supporting documentation if data sources submitted are questionable.

**The following documented proof that land is water righted under Nevada state water law or other legal rights established in Nevada must be provided along with the NV-LPT-1:**

- Water rights certificate, water rights maps and/or well or pumping plant permits issued by a recognized Tribe, State or Federal agency.
- Irrigation company share certificates and assessments that document water rights and water availability and or irrigation water cards.

**Source data that that may be submitted to show proof of irrigation for the 5-year period preceding program application.**

- Dated payments of water assessments to tribes, state or federal agency or irrigation company or water purveyor.
- Dated aerial photography coverage showing evidence of irrigation history on the property.
- Dated power or fuel bills from utility company indicating location of supply and power use or maintenance records documenting the use of an irrigation system;
- Written certification of the irrigation history and crops produced on the land by field number and includes irrigation water management plan documentation.
- Custom farming receipts to support cropping on irrigated land. Must indicate date of harvest, field number and crop harvested

**Additional source data may be accepted on a case-by-case basis as approved by the State Conservationist or designee. Such data may include the following:**

- Official copies of Farm Service Agency records such as aerial compliance slides, Farm Acreage Report, Production History Report, and Risk Management Insurance;
- Irrigation water management plan documentation.
- Presence of operable irrigation system and farm equipment.
- Other data sources approved by the NRCS State Conservationist or designee.

#### **Exceptions to Irrigation History Requirement:**

The producer may document situations that, due to circumstances beyond his reasonable control, prevented the land from being irrigated 2 out of the last 5 years prior to the application.

The following list is not all-inclusive and additional reasonable evidence may be submitted for approval by the State Conservationist or designee on a case-by-case basis:

- Producer's written certification of the facts.
- Drought data from County and/or State Food and Agriculture Council, FSA State Office; disaster declaration from the Governor and/or President.
- Water availability notices from irrigation companies, reservoir managers, water masters or other water purveyors.
- Copies of court documents to support the fact that the land and/or water rights are in litigation.
- Regulatory or other agency decisions that have affected availability of reliable water supply.
- Irrigation water management plan documentation.
- Other documentation supporting justification.

## Cropland Information

Are you currently using a regular crop rotation?  Yes  No  
 If yes, what is your current crop rotation?

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Do you farm on the contour in steep slope areas?  Yes  No

Do you currently leave plant residue from your harvested crop on the soil surface to help control soil erosion?  Yes  No

Do you apply pesticides/herbicides/insecticides to your cropland?  Yes  No

Do you apply nutrients according to a current soil test (less than three years old)?  Yes  No

Are ditches, gullies, or other active erosion occurring (indicate on map)?  Yes  No

Is stream bank erosion occurring? (If so, indicate on map.)  Yes  No

Do you apply livestock waste to fields? (If so, indicate where on map.)  Yes  No

**Please Note:**

It is important for the conservation planner to know all the details involved in your cropping rotation. However, we understand that your rotation may vary year to year due to weather and economic conditions. Therefore, we need you to be as specific as possible and give us the rotation you would use in a typical cropping year. The next page includes a chart to be filled out completely with as much detail as possible. The information below is additional information that will be needed if it applies to your management system.

*Below: Please enter the number of passes across the field for the type of equipments you use for field preparation during the growing season.*

EQUIPMENT	TYPE	# of Passes	TYPE	# of Passes	TYPE	# of Passes
Moldboard Plow	Plow					
Chisel	Shank Straight		Shank Twisted		Sweeps	
Disk	Offset-Light Duty		Offset – Heavy Duty		Tandem Disk	
Finishing Tools	Culti-packer		Harrow			
Field Cultivator	Duckfoot Points		Sweeps/Shovels		Chisel Point	

**Alfalfa Production Goals and Objectives:** \_\_\_\_\_

How do you prepare the soil for planting (example: 1 pass with chisel, 2 passes with a disk)?

Time of seeding (check one):  Spring Seeded  Fall Seeded

How many years typically in alfalfa? \_\_\_\_\_

**Cropping Management Inventory and Field Information**

Example	<b>Crop</b>	<b>Field #</b>	<b>Acres</b>	<b>Years in Rotation</b>	<b>Avg. Yield</b>	<b>Fertilizer Type</b>	<b>Rate/ ac.</b>	<b>Irrigated: y/n?</b>	<b>Irrigation Type</b>	<b>Does water run off this field?</b>
	Winter Wheat	1	30	2	130 bu	10-20-10	100	Y	Flood	Yes
	Alfalfa	2	15	4	4 tons	0-20-20	50	Y	Sprinkler	No
	Pasture	3	8	Cont	1 ton	NA		N		NA
	<b>Crop</b>	<b>Field #</b>	<b>Acres</b>	<b>Years in Rotation</b>	<b>Ave. Yield</b>	<b>Fertilizer Type</b>	<b>Rate/ ac</b>	<b>Irrigated: y/n?</b>	<b>Irrigation Type</b>	<b>Does water run off this field?</b>

**LOCATION OF CROPLAND APPLICATION ACRES** – Please provide copies of maps with legal descriptions and all fields clearly marked. Is the acreage offered currently under any other USDA conservation program?  Yes  No If yes, check those listed below that apply:

- Agricultural Management Assistance Program (AMA)
- Conservation Reserve Program (CRP)
- Conservation Security/Stewardship Program (CSP)
- Environmental Quality Incentives Program (EQIP)
- Farm and Ranch Lands Protection Program (FRPP)
- Grassland Reserve Program (GRP)
- Wetlands Reserve Program (WRP)
- Wildlife Habitat Incentives Program (WHIP)

**Note:** The participant must provide a copy of the lease for any leased land and/or leased water on the land that is to be enrolled in a Farm Bill Program. There must also be a letter from the owner allowing the lessee to install the practice, including a statement in the letter that the practice(s) will be maintained for the life of the contract.

## Grazingland Information

PLEASE COMPLETE THE BENCHMARK CONDITION INFORMATION FOR YOUR GRAZING OPERATION::

Acres used for grazingland? \_\_\_\_\_

- Is any of your grazingland irrigated?  Yes  No
- If yes, what fields? \_\_\_\_\_

Days per year on pasture? \_\_\_\_\_

Do you follow a rotational grazing system?  Yes  No  
If yes, please provide details: \_\_\_\_\_

Do you have a set number of pastures or paddocks?  Yes  No

- How do you rotate the livestock? \_\_\_\_\_

Do you manage grazing on grazingland to avoid soil compaction?  Yes  No  
If so, please explain how? \_\_\_\_\_

Do you have an adequate stock water supply?  Yes  No  
Please mark water supplies on map.

- Where does your livestock get water? \_\_\_\_\_
- Is it a reliable source of water?  Yes  No

Are there streams on your property?  Yes  No

- If yes, do the animals have access to the streams?  Yes  No
- If no, how do your animals get water? \_\_\_\_\_

Do you have a winter feeding operation for your livestock?  Yes  No  
If so, please mark on map.

- Are the animals on winter pasture or are they corralled? \_\_\_\_\_
- How do you handle the accumulation of animal waste during the winter? \_\_\_\_\_

Do you measure the amount of grass your cattle graze to determine when to rotate livestock to another paddock?  Yes  No

• If so, how? \_\_\_\_\_

Are you following a grazing plan?  Yes  No  
If yes, please provide a copy of the grazing plan.

Does the grazing plan identify periods of grazing, rest, and other treatment for each paddock?  Yes  No

Do you have any way of balancing forage availability with livestock and wildlife demands?  Yes  No

Are you managing your nutrients based on soil tests and plant needs?  Yes  No

<u>Type &amp; Breed of Animals</u>	<u>Number</u>	<u>Size/Avg. Weight</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Type of vegetation</u>	
Native Range	Acres _____
Grass	Acres _____
Grazed Forest	Acres _____
Pasture	Acres _____
Other: _____	Acres _____
Other: _____	Acres _____

Invasive species of concern (indicate areas on map) \_\_\_\_\_

What condition do you feel your range/pasture/other land is in?

	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Rangeland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastureland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you interested in limiting livestock access to a stream?  Yes  No

Are there riparian areas that need to be treated?

Yes  No

- If yes, explain problem/concern. \_\_\_\_\_

Is any of your grazingland irrigated?

Yes  No

- If yes, what fields and acres? \_\_\_\_\_

**LOCATION OF GRAZINGLAND APPLICATION ACRES** – Please provide copies of maps with legal descriptions and all fields clearly marked. Is the acreage offered currently under any other USDA conservation program?  Yes  No If yes, check those listed below that apply.

- Agricultural Management Assistance Program (AMA)*
- Conservation Reserve Program (CRP)*
- Conservation Security/Stewardship Program (CSP)*
- Environmental Quality Incentives Program (EQIP)*
- Farm and Ranch Lands Protection Program (FRPP)*
- Grassland Reserve Program (GRP)*
- Wetlands Reserve Program (WRP)*
- Wildlife Habitat Incentives Program (WHIP)*

## Wetland Information

Does any area on your farm stay wet for at least 7 days during the growing season?

Yes  No

Is the vegetation different than areas nearby (grasses are higher, area avoided by livestock, sedges and rushes are seen growing there)?

Yes  No

How is this land being used/managed? \_\_\_\_\_

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## Wildlife Habitat Information

Do you have areas on your farm that are managed for, used by, or left for wildlife?  Yes  No

If no, would you like to improve habitat for wildlife?  Yes  No

If yes, what species of wildlife do you or will you manage/develop/improve habitat for?

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Are any of these species on the Nevada Sensitive Species List?  Yes  No  
 Do not know

Which targeted habitat types(s) from the list below would you like to improve?

- |                                            |                                        |
|--------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Lowland Riparian  | <input type="checkbox"/> Flowing Water |
| <input type="checkbox"/> Wetland           | <input type="checkbox"/> Wet Meadow    |
| <input type="checkbox"/> Mountain Riparian | <input type="checkbox"/> Grassland     |
| <input type="checkbox"/> Shrub steppe      |                                        |

Do you use this land for recreational activities, such as hunting, trapping, or bird watching?  Yes  No

Do you have any special, unique, or rare wildlife sites such as sage grouse leks, prairie dog towns, or critical winter habitat?  Yes  No

If yes, please describe:

---

Have you worked with another agency (Nevada Dept. of Wildlife, US Fish and Wildlife Service, Cooperative Extension, etc.) to develop a wildlife plan?  Yes  No

**LOCATION OF WILDLIFE HABITAT APPLICATION ACRES** – Please provide copies of maps with legal descriptions and all fields clearly marked. Is the acreage offered currently under any other USDA conservation program?  Yes  No If yes, check those listed below that apply.

- Agricultural Management Assistance Program (AMA)*
- Conservation Reserve Program (CRP)*
- Conservation Security/Stewardship Program (CSP)*
- Environmental Quality Incentives Program (EQIP)*
- Farm and Ranch Lands Protection Program (FRPP)*
- Grassland Reserve Program (GRP)*
- Wetlands Reserve Program (WRP)*
- Wildlife Habitat Incentives Program (WHIP)*

## Headquarters Information

Do you have fertilizer/pesticide storage sites and/or mixing and loading areas?  Yes  No

How is rinse water from cleaning fertilizer/pesticide application equipment disposed of?

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---

Are you interested in constructing an Ag Waste Storage Structure?  Yes  No

**LOCATION OF HEADQUARTERS APPLICATION ACRES** – Please provide copies of maps with legal descriptions and all fields clearly marked. Is the acreage offered currently under any other USDA conservation program?  Yes  No If yes, check those listed below that apply.

- Agricultural Management Assistance Program (AMA)*
- Conservation Reserve Program (CRP)*
- Conservation Security/Stewardship Program (CSP)*
- Environmental Quality Incentives Program (EQIP)*
- Farm and Ranch Lands Protection Program (FRPP)*
- Grassland Reserve Program (GRP)*
- Wetlands Reserve Program (WRP)*
- Wildlife Habitat Incentives Program (WHIP)*

## Animal Feeding Operation Information

Animal feeding operations (AFO's) confine animals for at least 45 days in a 12-month period, and have no grass or other vegetation in the confinement area. For example, most dairies and cattle feedlots are AFO's. AFO's include operations that confine dairy cows, cattle, calves, swine, horses, sheep/lambs, turkeys, laying hens, chickens, or ducks. However, pasture or grazing-based operations are not AFO's unless they have feedlots, barns, or pens that meet the conditions described above to be defined as an AFO. According to EPA, AFO's are defined as confined animal feeding operations (CAFO's) when they:

- are over a certain size, or
- have a stream running through the facility, or
- discharge waste into a water of the United States.

Do you have an AFO or CAFO on your property?  Yes  No  
If no, please skip this section.

Is the AFO/CAFO currently permitted by the State of Nevada?  Yes  No

Are there any permitting issues that NRCS can assist with?  Yes  No

If yes, please describe: \_\_\_\_\_

**If you have a State permit and there are no permitting issues NRCS needs to be aware of, you may skip to page 23.**

Is the runoff from the AFO/CAFO currently controlled?  Yes  No  Partially

- If yes, please explain how: \_\_\_\_\_

Is seepage occurring from any existing storage facilities or structures?  Yes  No

- If yes, please describe: \_\_\_\_\_

This AFO/CAFO is requesting assistance for: (check appropriate box)

an existing operation  an existing operation that is expanding  a new operation

Do you store manure on the farmstead?  Yes  No

If yes, is the manure (please circle)  Liquid  Solid  Both

- How is solid manure stored? \_\_\_\_\_

- How is liquid manure stored? \_\_\_\_\_

How do you manage runoff from manure handling and feed handling areas? \_\_\_\_\_

Does feedlot runoff enter a natural water body?  Yes  No

Do you have a current manure management plan or a Comprehensive Nutrient Management Plan (CNMP)?  Yes  No  
*If yes, please provide a copy with your application.*

What are the available acres to spread manure? Include pasture, tillable, rented and owned land.

---

---

What is the size of your feedlot? \_\_\_\_\_

# Livestock Inventory

Livestock	Number of Animals on Site	Planned Number of Animals	Average Weight	Number of Days Confined
<b>HORSES</b>				
All				
<b>DAIRY</b>				
Milk Cows				
Dry Cows				
Heifers				
Calves				
Bulls				
<b>BEEF</b>				
Cows				
Feeders				
Bulls				
<b>POULTRY</b>				
Layers				
Pullets				
Broilers				
Turkeys				
<b>SWINE</b>				
Lactating Sow				
Piglets				
Feeders				
<b>OTHER</b>				

## **Agreement to Maintain Practices Implemented Under Conservation Financial Assistance Programs**

It is the participant's responsibility to obtain approval from NRCS to remove a practice that was implemented under any other NRCS conservation financial assistance program.

All NRCS financial assistance payments made for practices removed or destroyed by the participant will be deducted from the financial assistance payment for the replacement practice.

- I have not, and will not, remove/destroy any practice(s) for which I have received financial assistance from NRCS without written approval from NRCS.

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date

**CONSERVATION PROGRAM APPLICATION**

<b>Name:</b>	<b>Application Number:</b>
<b>Address:</b>	<b>Application Date:</b>
	<b>County and State:</b>
<b>Telephone:</b>	<b>Watershed:</b>
	<b>Subaccount:</b>
<b>Location (Legal Description or Farm and Tract Number):</b>	

*(Please note that not all questions apply to all Programs)*

**1. This is an application to participate in the:**

<input type="checkbox"/> <b>Agricultural Management Assistance (AMA)</b>	<input checked="" type="checkbox"/> <b>Environmental Quality Incentives Program (EQIP)</b>
<input type="checkbox"/> <b>Conservation Stewardship Program (CSP)</b>	<input type="checkbox"/> <b>Wildlife Habitat Incentives Program (WHIP)</b>
<input type="checkbox"/> <b>Agricultural Water Enhancement Program (AWEP)</b>	<input type="checkbox"/> <b>Chesapeake Bay Watershed Initiative (CBWI)</b>

**2.  Yes  No Do you have farm records established with the appropriate USDA Service Center Agency?**

*If no, you must establish them with the appropriate USDA Service Center Agency prior to submitting this application.*

**3. Are you applying to participate in a conservation program as an (check one of the following):**

**Individual**

a) Please enter your legal name and tax identification number:

**Name:** \_\_\_\_\_ **Tax Number:** \_\_\_\_\_

**Entity (Corporation, Limited Partnership, Trust, Estate, etc.)**

a) Please enter entity legal name and tax identification number:

**Name:** \_\_\_\_\_ **Tax Number:** \_\_\_\_\_

b)  **Yes**  **No** Do you have appropriate documents including proof to sign for the entity?

**Joint Operation (General Partnership, Joint Venture)**

a) Please enter joint operation legal name and tax identification number:

**Name:** \_\_\_\_\_ **Tax Number:** \_\_\_\_\_

b)  **Yes**  **No** Do you have appropriate documents including proof to sign for the joint operation?

**4. A Dun & Bradstreet Data Universal Numbering System (DUNS) number and current registrations in the Central Contractor Registration (CCR) database are required for receiving payment under an EIN. If you do not have a number, information is available at**

<http://fedgov.dnb.com/webform/displayHomePage.do>

**DUNS Number:** \_\_\_\_\_

5. **Is the land being offered for enrollment used for crop or livestock production?**  
 **Crop Production**                      **Crop Type:**  
 **Livestock Production**                **Livestock Type:**
6. **The land offered under this application is (check all that apply):**  
 **Private Land**  
 **Public Land (Federal, State, or Local Government)**  
 **Tribal, Alloted, Ceded or Indian Land**
7. **Certification of control of the land offered under the application:**  
 **Deed or other evidence of land ownership**  
 **Written lease agreement**  
    Years of control are      through  
 **Other agreement or legal conveyance (describe):**  
    Years of control are      through
8.  **Yes**     **No**    **Is the land offered under this application enrolled in any other conservation program?**
9. **Are you applying for program benefits as one of the following participant types?**  
 **Limited Resource Farmer or Rancher**  
 **Beginning Farmer or Rancher**  
 **Socially Disadvantaged Farmer or Rancher**  
*If you wish to apply in any of these categories, you must meet the self certification requirements. For more information please go to this website: <http://www.lrftool.sc.egov.usda.gov/>*
10.  **Yes**     **No**    **If applying for the EQIP and if the application includes irrigation practices, has the land been irrigated at least 2 of the last 5 years?**
11.  **Yes**     **No**    **If applying for the EQIP, are you engaged in livestock or agricultural production, and have you produced at least \$1000 of agricultural products in a year?**  
*(Forest agricultural producers may select yes as they are exempt from the \$1,000 requirement )*

On the farm(s) identified above, the Applicant agrees to participate in the identified program if the offer is accepted by the NRCS. The undersigned person shall hereafter be referred to as the "Participant." The participant understands that starting a practice prior to contract approval causes the practice to be ineligible for program financial assistance. The participant will obtain the landowner's signature on the contract or provide written authorization to install structural practices.

The Participant agrees not to start any financially assisted practice or activity or engage the reimbursable services of a certified Technical Service Provider before a Contract is executed by Commodity Credit Corporation (CCC). The Participant may request, in writing, a waiver of this requirement for financially assisted practices by the NRCS State Conservationist.

All participants that certify eligibility as a Farmer or Rancher under the Limited Resource, Beginning, or Socially Disadvantaged groups will provide all records necessary to justify their claim as requested by a NRCS representative. It is the responsibility of the participant to provide accurate data to support all items addressed in this application at the request of NRCS. False certifications are subject to criminal and civil fraud statutes.

The Participant acknowledges that highly erodible land conservation/wetland conservation, adjusted gross income certifications, and member information for entities and joint operations are on file with the appropriate USDA Service Center Agency.

12.  Yes  No I have received a copy of the program appendix where an appendix is applicable.

Applicant Signature	Date
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**PUBLIC BURDEN STATEMENT**

In accordance with the Privacy Act of 1974 (5 USC 552a) and 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. The valid OMB control number for this information collection is 0578-0013. The time required to complete this information collection is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**NONDISCRIMINATION STATEMENT**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its program and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs; reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of Discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

**PRIVACY ACT STATEMENT**

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). This information is used to track contract or agreement progress. The authority for requesting the following information is 7 CFR 630 (Long Term Contracting); 7 CFR 1410 (CRP); 7 CFR 631 and 702 (IEQIP); 7 CFR 636 (WHIP); 7 CFR 622 (WPFPP); 7 CFR 1465 (AMA); 7 CFR 1469 (CSP); 7 CFR 625 (HFR); 7 CFR 1494 (FRPP); and 7 CFR 1467 (WRP). Furnishing information is voluntary and will be confidential; however, it is necessary in order to receive assistance.

### Authorization for NRCS Release of Conservation Plan File Information

Persons receiving Federal funding (to include final designs/specifications) through the USDA Natural Resources Conservation Service (NRCS) to implement conservation projects are required to comply with all Federal, State, and local laws, as well as obtain any required Federal, State, or local permits prior to construction of the project.

In order to ensure compliance with the Endangered Species Act (ESA) and the Magnuson-Stevens Act (MSA), NRCS is required to consult with US Fish and Wildlife Service (USFWS) and National Oceanic and Atmospheric Administration (NOAA) – Fisheries [formerly referred to as the National Marine Fisheries Service (NMFS)] if we determine our actions will affect Threatened or Endangered species or their habitat.

The National Historic Preservation Act (NHPA) requires NRCS to cooperate with the State Historic Preservation Office (SHPO), the Advisory Council on Historic Preservation (Advisory Council) and one Federally recognized Native American Tribe.

I, \_\_\_\_\_, have control of said project and/or property, and give my consent for NRCS to consult with and/or release pertinent information from my project or construction plan relating to said consultation with the USFWS, NOAA Fisheries, Advisory Council, Nevada SHPO and Tribes to ensure compliance with ESA, MSA, NHPA. This does not authorize access to my private property by non-NRCS agencies, groups, or individuals.

I, \_\_\_\_\_, have control of said project and/or property, and choose **NOT** to give my consent for NRCS to consult with and/or release pertinent information from my project or construction plan relating to said consultation with the USFWS, NOAA Fisheries, Advisory Council, SHPO and Tribes to ensure compliance with ESA, MSA, NHPA.

If you choose **NOT** to give your consent, you may work directly with these agencies when the need arises and provide assurance of ESA, MSA, and NHPA compliance to the NRCS prior to implementation of your planned project. NRCS will provide you no further assistance until the consultation process has been completed.

**NOTE:** Failure to provide consent may affect your eligibility to receive USDA funding for your project. You may cancel this consent by written notice.

\_\_\_\_\_  
Landowner Signature

\_\_\_\_\_  
Date

### Appendix to Form AD-1026 Highly Erodible Land Conservation (HEL) and Wetland Conservation (WC) Certification

The following conditions of eligibility are required for persons to receive any USDA loans or other program benefits that are subject to highly erodible land and wetland conservation provisions, unless an exemption has been granted by USDA.

By signing Form AD-1026, Item 12, the producer certifies receipt of this form, and unless an exemption has been granted by USDA, agrees to the following on any farms in which such person has an interest:

A	NOT to plant or produce an agricultural commodity on highly erodible fields unless actively applying an approved conservation plan or maintaining a fully applied conservation system.
B	NOT to plant or produce an agricultural commodity on wetlands converted after December 23, 1985.
C	NOT to convert wetlands by draining, dredging, filling, leveling, landclearing or any other means that would allow the planting of any crop, pasture, agricultural commodity, or other such crops.
D	NOT to use proceeds from any FSA farm loan, insured or guaranteed, or any USDA cost-share program, in such a way that might result in negative impacts to wetlands, except for those projects evaluated and approved by NRCS.

**NOTE:** Signature on Form AD-1026 gives representatives of USDA authorization to enter upon and inspect all farms in which the producer has an interest for the purpose of confirming the above statements.

Any questions concerning the requirements of the Food Security Act of 1985, as amended, shall be directed to your County FSA Office personnel before signing AD-1026 in Item 12.

**NOTE:** The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information to be supplied on this form is the Food Security Act of 1985, Pub. L. 99-108, and regulations promulgated under the Act (7 CFR Part 12). The information will be used to determine eligibility for program benefits and other financial assistance administered by USDA agencies. The information may be furnished to other USDA agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to orders of a court magistrate or administrative tribunal. Furnishing the Social Security Number is voluntary. Furnishing the other requested information is voluntary; however, failure to furnish correct, complete information will result in a determination of ineligibility for certain program benefits and other financial assistance administered by USDA agencies. The provisions of criminal and civil fraud statutes, including 18 USC 286, 267, 371, 641, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided by the producer on this form.

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. The valid OMB control number for this information collection is 0560-0185. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM AD-1026 TO YOUR COUNTY FARM SERVICE AGENCY (FSA) OFFICE (address printed in item 8 of AD-1026A).

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6302 (TDD). USDA is an equal opportunity provider and employer.

**HIGHLY ERODIBLE LAND CONSERVATION (HEL) AND WETLAND CONSERVATION (WC) CERTIFICATION**

(See Page 3 for Nondiscrimination, Public Burden and Privacy Act Statements).

1. Name of Producer		2. I.D. Number (Last 4 digits only)		3. Crop Year	
4. Do you have any interest in land that produces or could produce an agricultural commodity? If "YES", or, if you are a Farm Loan Applicant continue with item 5. If "NO", and you are not a farm loan applicant, go to item 12 and sign and date.				YES	NO
5. For farm loan applicants only: Will you conduct any activities for fish production, trees, vineyards, shrubs, building construction, or other non-agricultural purposes on lands for which a wetland determination has not been completed by NRCS?					
6. Are you a landlord or tenant on any farm that will not be in compliance with HELC and WC provisions? If "YES", enter the farm number or contact your County FSA Office before completing this form. Farm Number: (Contact your county FSA office if you are unsure of the HEL or wetland determinations applicable to your farming interests.)					
7. Do any of your landlords refuse to comply with HELC requirements on any farms? If "YES", enter the farm number or contact your County FSA Office before completing this form. Farm Number: _____					
8. List affiliated persons with farming interests. See Page 3 for an explanation. Enter "NONE", if applicable.					
9. During the crop year entered in item 3 above, or the term of a requested USDA loan, did you or will you plant and produce an agricultural commodity on land for which a highly erodible determination has not been made?				YES	NO
10. Since December 23, 1985, or during the current crop year, or during the term of a requested USDA loan, has anyone performed, or will anyone perform any activities to:					
A. Create new drainage systems, or conduct land leveling, tilling, dredging, land clearing, excavation, or stump removal, that has NOT been evaluated by NRCS? If "YES", indicate year(s): _____					
B. Improve or modify an existing drainage system that has NOT been evaluated by NRCS? If "YES", indicate year(s): _____					
C. Maintain an existing drainage system that has NOT been evaluated by NRCS? If "YES", indicate the year(s): _____					
<small>Note: Maintenance is the repair, rehabilitation, or replacement of the capacity of existing drainage systems to allow for the continued use of wetlands currently in agricultural production and the continued management of other areas as they were used before December 23, 1985. This allows a person to reconstruct or maintain the capacity of the original system or install a replacement system that is more durable or will realize lower maintenance or costs.</small>					
11. If "YES" to items 5, 10A and/or 10B or 10C enter the following for the land the answer applies to:					
A. Farm and/or tract/field number: _____					
B. Activity: _____					
C. Current land use (specify crops): _____					
D. County: _____					

A "YES" answer in items 5, 9 or 10 authorizes FSA to refer this AD-1026 to NRCS. If you check "YES" to item 10C, NRCS does not have to conduct a certified wetland determination. (Contact your County FSA Office if you are unsure about the answers to items 5, 9 and 10.)

**Continuous AD-1026 Certification:**

I have read the AD-1026 Appendix and understand and agree that my eligibility for certain USDA program benefits is contingent upon this certification of compliance with highly erodible land and wetland conservation provisions of the Food Security Act of 1985 as amended, and if a determination is made that results in a violation and ineligibility, I agree to refund all applicable payments.

- I agree to the terms and conditions stated on AD-1026 Appendix on all land in which I have or will have an interest and understand that I am responsible for any non-compliance with these provisions.
- I agree that I will file a revised AD-1026 if there are any changes in my operation or activities that may affect compliance with these provisions.
- I understand that affiliated persons are also subject to compliance with these provisions and their failure to comply or file AD-1026 will result in loss of eligibility to persons or enterprises with whom they are affiliated. (See Page 3 of this form for affiliated persons.)

12. Signature of Producer **I hereby certify that the information on this form is true and correct to the best of my knowledge, and I authorize NRCS to make a HEL and/or certified wetland determination on the tract or farm numbers listed above.**

\_\_\_\_\_  
 Producer's Signature

\_\_\_\_\_  
 Date (MM-DD-YYYY)

13. Referral to NRCS (Completed by FSA) Sign and date if a NRCS determination is needed for any reason including a "YES" answer in items 5, 9, 10A, 10B, or 10C.

13A. Signature of FSA Representative

13B. Date (MM-DD-YYYY)

ORIGINAL - FSA COPY

NRCS COPY

PRODUCER'S COPY



**INSTRUCTIONS FOR ITEM 8 OF AD-1026**

The producer requesting benefits on AD-1026 shall attach a list of the applicable affiliated persons with farming interests who are required to file AD-1026. Follow the rules in this table to determine affiliated persons.

IF producer, requesting benefits is a (an) . . .	THEN affiliated persons who must file AD-1026 if they have farming interests are . . .
individual	spouse or minor children with separate farming interests, or who receives benefits under their individual ID number.
<b>NOTE: If the individual filing is a minor child, the father and mother shall be listed as affiliates</b>	estates, trusts, partnerships, and joint ventures in which the individual filing, or the individual's spouse or minor children have an interest.
general partnership	first level members of the entity.
limited partnership	
limited liability company	
joint venture	
estate	
irrevocable or revocable trust	
Indian tribal venture or group	
corporation with stockholders	
State	none
Church or other charitable organization	
county	
city	
public schools	
corporation with no stockholders	

**KEY TO NRCS DETERMINATIONS IN ITEMS 8 THROUGH 11 LISTED ON AD-1026A**

- |                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>8. HEL</b> = Highly Erodible Land:<br/>                 "Y" = NRCS determined highly erodible land.<br/>                 "N" = NRCS determined no highly erodible land.<br/>                 " " = NRCS has not made a determination.</p>                                   | <p><b>9. 027</b> = Approved Conservation Plan (CPA-027):<br/>                 "Y" = Tract has an approved conservation plan.<br/>                 "N" = Tract does not have an approved conservation plan.<br/>                 HEL flag is "Y". Producer has a 2-year grace period after soil survey is available to obtain an approved conservation plan.<br/>                 "X" =</p> |
| <p><b>10. A027</b> = Applying Conservation Plan:<br/>                 "Y" = Producer is actively applying an approved conservation plan or system.<br/>                 Producer is NOT actively applying an approved conservation plan or system.<br/>                 "N" =</p> | <p><b>11. W</b> = Wetlands:<br/>                 "Y" = NRCS determined wetlands on this tract.<br/>                 (* See footnote.)<br/>                 NRCS determined no wetlands on this tract.<br/>                 "N" = NRCS has not made wetland determinations on entire tract.<br/>                 " " =</p>                                                                  |

\* NRCS has determined a wetland does exist on this tract. Contact your local NRCS office or FSA office for details concerning the location of the wetland and restrictions applying to the land according to NRCS determination before planting an agricultural commodity or performing any drainage or manipulation on this tract.

**NOTE:** The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is as specified on this form in the Food Security Act of 1985, Pub. L. 99-198, and regulations promulgated under the Act (7 CFR Part 12). The information will be used to determine eligibility for program benefits and other financial assistance administered by USDA agencies. The information may be furnished to other USDA agencies, FSA, Department of Justice, or other State and Federal law enforcement agencies, and in response to orders of a court, magistrate or administrative tribunal. Furnishing the Social Security Number is voluntary. Furnishing the other requested information is voluntary. However, failure to furnish correct, complete information will result in a determination of ineligibility for certain program benefits and other financial assistance administered by USDA agencies. The provisions of criminal and civil fraud statutes, including 18 USC 246, 267, 371, 341, 1601; 18 USC 1106; and 31 USC 3729, may be applicable to the information provided by the producer on this form.

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. The valid OMB control number for this information collection is 0500-0108. The time required to complete this information collection is estimated to average 13 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and reviewing and reviewing the collection of information. RETURN THIS COMPLETE FORM AD-1026 TO YOUR COUNTY FARM SERVICE AGENCY (FSA), CPO/CS (checkboxes entered in item 8 of AD-1026A).

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public housing program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-4410, or call (800) 720-5275 (voice) or (202) 720-4142 (TDD). USDA is an equal opportunity provider and employer.



This form is available electronically.

<b>CCC-926</b> (12-22-10)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	1. County FSA Office or Service Center Address (Including Zip Code)
<b>AVERAGE ADJUSTED GROSS INCOME (AGI) STATEMENT</b>		

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1400, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits. This information collection is exempted from the Paperwork Reduction Act, as it is required for the administration of the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246, Title I, Subtitle F - Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

2. Name and Address of Individual or Legal Entity (Including Zip Code)	3. Identification Number (Last 4 digits of SSN or Tax ID No.)
------------------------------------------------------------------------	---------------------------------------------------------------

**PROGRAM YEAR**

4. Select the program year for which program benefits are requested (Check only one).

A.  2009 Average AGI will be based on the taxable years 2005, 2006, and 2007

B.  2010 Average AGI will be based on the taxable years 2006, 2007, and 2008

C.  2011 Average AGI will be based on the taxable years 2007, 2008, and 2009

D.  2012 Average AGI will be based on the taxable years 2008, 2009, and 2010

**SPECIAL RULE**

If at least 66.66 percent of the average adjusted gross income of an individual or legal entity is derived from farming, ranching, or forestry operations, then income received from the following will be included as farm income:

- The sale of equipment to conduct farm, ranch or forestry operations
- Providing production inputs and services to farmers, ranchers, foresters, and farming operations.

FARM INCOME	NONFARM INCOME
Note: When completing Items 5-7, see the definition of "farm income" and "nonfarm income" on Page 2.	
5. I certify that the average adjusted gross <u>farm income</u> of the individual or legal entity in Item 2 (for the program year selected in Item 4) was: (Check one)	6. I certify that the average adjusted gross <u>nonfarm income</u> of the individual or legal entity in Item 2 (for the program year selected in Item 4) was: (Check one)
A. <input type="checkbox"/> Less than (or equal to) \$750,000	A. <input type="checkbox"/> Less than (or equal to) \$500,000
B. <input type="checkbox"/> More than \$750,000	B. <input type="checkbox"/> More than \$500,000 but less than (or equal to) \$1,000,000
	C. <input type="checkbox"/> More than \$1,000,000

**TOTAL FARM and NONFARM INCOME**

7. Of the total (farm and nonfarm) average adjusted gross income (for the program year selected in Item 4), was at least 66.66 percent from farming, ranching, or forestry operations?

A.  NO B.  YES

*If "YES", I understand the "Special Rule" outlined above applies and have included the additional income when certifying the adjusted gross farm income in Item 5. I have read and understand the definition of farm income on Page 2.*

By signing this form:

- I acknowledge that I have read and reviewed all definitions and requirements on Page 2 of this form;
- I certify that all information contained within this certification is true and correct;
- I take responsibility to timely notify FSA in writing of any changes to the farming, ranching, or forestry operation, or a change in financial status that may affect this certification;
- I certify that the income certifications are consistent with the tax returns filed with the Internal Revenue Service (IRS) and with the definitions specified on Page 2 of this form;
- If requested, I will submit evidence such as tax records, business documents (for review only, not for retention), or a signed third-party verification deemed acceptable by CCC to verify the average adjusted gross income, average adjusted gross farm income, and average adjusted gross nonfarm income, and that I will take the necessary actions to provide such documents or certification;
- I agree to authorize CCC to obtain tax data from the IRS for AGI compliance verification purposes by filing form CCC-927 or CCC-928 with the IRS for the program year selected in Item 4, and I will take all necessary actions required by the terms and conditions of the IRS disclosure laws so that CCC can obtain such data.

8. Signature (By)	9. Title/Relationship (Individual Signing in the Representative Capacity if applicable)	10. Date (MM-DD-YYYY)
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## GENERAL INFORMATION ON AVERAGE ADJUSTED GROSS INCOME

Individuals or legal entities that receive benefits under most commodity and conservation programs administered by CCC cannot have incomes that exceed certain limits set by law. For entities, both the entity itself, and its members cannot exceed the income limitations. If a member, whether an individual or an entity, of an entity exceeds the limitations, payments to that entity will be commensurately reduced according to that member's direct or indirect ownership share in the entity. *(All members of the entity must also submit this form to verify income limitations are met.)*

Individuals or legal entities with average adjusted gross **farm income** greater than \$750,000 shall be ineligible for direct payments under the Direct and Counter-cyclical Program.

Individuals or legal entities with average adjusted gross **nonfarm income** that exceeds \$500,000 shall be ineligible for commodity program payments, price support benefits, disaster assistance programs, and for the Milk Income Loss Compensation Program.

Additionally, individuals or legal entities with average adjusted gross **nonfarm income** exceeding \$1 million will be ineligible for new contracts or participation in conservation programs after October 1, 2008, unless at least 66.66 percent of their total average adjusted gross income (*sum of farm and nonfarm income*) is generated from activities related to farming and defined as "farm income" below.

## DEFINITIONS

**Adjusted Gross Income** is the individual's or legal entity's IRS-reported adjusted gross income consisting of both farm and nonfarm income. A three year average of that income will be computed for the three years of the relevant base period identified on the first page of this form to determine eligibility for the applicable program year.

**Adjusted Gross Farm Income** is the part of the yearly adjusted gross income that is farm income. The amount is computed separately for each year and then averaged. **Farm income means income** related to the following: production of crops, livestock, fish and aquaculture for food; the feeding and rearing of livestock; products produced or derived from livestock; production of specialty crops and unfinished raw forestry products; processing packing, storing and transporting farm, ranch and forestry commodities including renewable energy; production of farm-based renewable energy; the sale of land used for agriculture; sale of land or sale of easements and development rights to agricultural land, water and hunting rights, and environmental benefits; rental or lease of land or equipment used in farming, ranching, forestry operation; payments and benefits from risk management practices, crop insurance indemnities, catastrophic risk protection plans, conservation program and government farm program payments. Proceeds from the sale of farm equipment and from production inputs and services to farmers and ranchers are generally considered nonfarm income. However, if at least 66.66 percent of the average adjusted gross income of the individual or legal entity is derived from farming, ranching, or forestry operations, the individual's or legal entity's farm income will also include the sale of equipment to conduct farm, ranch or forestry operations, and the income from the sale of production inputs and services to farmers, ranchers, foresters, and farm operations.

**Adjusted Gross Nonfarm Income** is the difference for the year between the filer's adjusted gross income and the filer's adjusted gross farm income. The difference is computed separately for each year and then averaged.

**Legal Entity** is a corporation, joint stock company, association, limited partnership, charitable organization, or similar entity, including any such entity or organization participating in the operation as a partner in a general partnership, a participant in a joint venture, a grantor in a revocable trust, or as a participant in a similar entity, including joint ventures and general partnerships as determined by the Secretary.

**Program year** means the year (*beginning and ending dates determined by CCC*) for which a specific benefit is made available under a program authorized by legislation such as the Direct and Counter-cyclical Program, Milk Income Loss Contract Program, Conservation Reserve Program, Noninsured Crop Disaster Assistance Program, Supplemental Revenue Assistance Program. FSA may require additional information as necessary to make the relevant program payments.

**Third-party verification** means a signed statement from a certified public accountant (CPA) or an attorney that the individual or legal entity meets the applicable adjusted gross income provisions for payment eligibility.

## HOW TO DETERMINE ADJUSTED GROSS INCOME

**Individual.** For individuals that file the Internal Revenue Service (IRS) Form 1040, specific lines on that form represent the adjusted gross income and the income from farming, ranching or forestry operations.

**Trust or Estate.** For a trust or estate, the adjusted gross income is the total income and charitable contributions reported to IRS.

**Corporation.** For a corporation, the adjusted gross income is the total of the final taxable income and any charitable contributions reported to IRS.

**Limited Partnership (LP), Limited Liability Company (LLC), Limited Liability Partnership (LLP) or Similar Entity.** For an LP, LLC or LLP, the adjusted gross income is the total income from trade or business activities plus guaranteed payments to the members as reported to the IRS.

**Tax-exempt Organization.** For a tax-exempt organization, the adjusted gross income is the unrelated business taxable income excluding any income from non-commercial activities as reported to the IRS.

*The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.*

**AVERAGE ADJUSTED GROSS INCOME**

The Farm Security and Rural Investment Act of 2002 included average adjusted gross income as a payment eligibility requirement. Any individual or entity requesting certain 2003 through 2007 program payments will be subject to this provision. Any individual or entity that is determined to have an average adjusted gross income, as defined, that is less than 75 percent from farming, ranching or forestry operations and that exceeds \$2.5 million will be ineligible for any covered benefit during the applicable year.

**DEFINITIONS AND OTHER INFORMATION**

**Average Adjusted Gross Income** means the average of the adjusted gross income or comparable measure of the individual or entity over the preceding 3 tax years. For instance, if 2003 program benefits are requested, the tax years for average adjusted gross income determination would be 2002, 2001 and 2000.

**Entity** means a corporation, joint stock company, association, limited partnership, charitable organization, or similar entity, including any such entity or organization participating in the operation as a partner in a general partnership, a participant in a joint venture, a grantor in a revocable trust, or as a participant in a similar entity, as determined by the Secretary.

The manner in which the Adjusted Gross Income can be determined for an entity can be found in the regulations at 7 CFR Part 1400.

**Commensurate Reduction** means that any covered benefit issued to an entity, general partnership, or joint venture shall be reduced by an amount that is commensurate with the direct or indirect ownership interest the entity, general partnership, or joint venture of each individual who does not comply with the adjusted gross revenue requirement.

**Certification of Compliance** means that an individual or entity shall provide either a certification by a certified public accountant that the average adjusted gross income does not exceed the requirement; or provide information and documentation regarding the adjusted gross income through other procedures established by the Secretary.

**Income from farming, ranching or forestry** means income derived from producing crops, livestock, or unfinished raw forestry products.

**Special Rules for Certain Individual and Entities** are applicable to those entities that are not required to file a tax return, and individuals and entities that did not have taxable income in one or more tax years used to determine the 3-year average. Please consult with personnel at your local FSA office or service center for more information.

**EXAMPLES**

**Situation 1** - Joe Smith requests benefits from the Direct and Counter-Cyclical Payment Program and from a Conservation Reserve Program contract approved effective for 2003. Mr. Smith's average adjusted gross income exceeds \$2.5 million and was all from farming and livestock operations.

**Determination** - At least 75 percent of the average adjusted gross income was received from farming, ranching and forestry operations. Therefore, Mr. Smith complies with the adjusted gross income requirement and is eligible for the program benefits requested.

**Situation 2** - Grace Jones is a share rent landowner and requests benefits from the Direct and Counter-Cyclical Payment Program on a contract with her tenant. Ms. Jones' average adjusted gross income was less than \$2.5 million and over 75 percent was from non-agricultural interests.

**Determination** - Less than 75 percent of the average adjusted gross income was from farming, ranching and forestry, but the amount was less than \$2.5 million. Therefore, Ms. Jones is eligible for the program benefits requested.

**Situation 3** - William Davis is a share rent landowner and requests benefits from the Direct and Counter-Cyclical Payment Program on a contract with his tenant. Mr. Davis' average adjusted gross income was greater than \$2.5 million and over 75 percent was from non-agricultural sources.

**Determination** - Less than 75 percent of the average adjusted gross income was from farming, ranching and forestry, and exceeds \$2.5 million. Therefore, Mr. Davis is ineligible for the program benefits requested.

**Situation 4** - Mark Johnson is a 25 percent stockholder in Johnson Farms, Inc. Johnson Farms requests benefits from the Direct and Counter-Cyclical Payment Program. The average adjusted gross income for Johnson Farms was all from farming and ranching. The average adjusted gross income for each of the stockholders was mostly from non-agricultural sources and the amounts were less than \$2.5 million with the exception of Mark.

**Determination** - Any program benefit issued to an entity, general partnership, or joint operation shall be reduced by an amount commensurate with the direct or indirect ownership interest of an individual or entity who has an average adjusted gross income in excess of \$2.5 million. Therefore, Johnson Farms is eligible for the benefits requested, but reduced by the 25 percent, which represents the interest held by Mark.

This form is available electronically.

CCC-901  
(04-01-09)

U.S. DEPARTMENT OF AGRICULTURE  
Commodity Credit Corporation

**MEMBER'S INFORMATION  
2009 and Subsequent Years**

1. County
2. State
3. Program Year

**NOTE:** The primary authority for requesting and safeguarding the information described on this form is the Food, Conservation and Energy Act of 2008 (Pub. L. 110-246). Additionally, the authority for requesting this information is for 7 CFR Part 1400. The information is necessary for CCC to assist in determining eligibility for program benefits. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for program benefits and other financial assistance administered by USDA. The information collected as a result of this form may be released to USDA employees, USDA contractors, or authorized USDA cooperators who are bound to safeguard the information under Section 1619 of the Food, Conservation and Energy Act of 1974, the E-Government Act of 2002, and related authorities.

This information collection is exempted from the Paperwork Reduction Act, as it is required for the administration of the Food, Conservation, and Energy Act of 2006 (Pub. L. 110-246, Title I, Subtitle F – Administration). The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

**PART A -** For each individual or entity who is a member of this entity, list the member's name, social security/employer identification number, address and percentage share of ownership. If a member has both types of identification numbers, list both.

Name of Legal Entity \_\_\_\_\_

1. Member's Name	2. SSN or Tax ID Number <i>(Last 4 digits if already on file)</i>	3. Address	4. Percent Share	5. Does this member have signature authority for the legal entity? <i>(Yes or No)</i>
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PART B - Embedded Entities:** For any member listed in Part A, who is an entity, list such embedded entity's name and list the requested, information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Part A is an entity, provide the requested information for each entity on supplemental sheets.

Name of Embedded  
Legal Entity \_\_\_\_\_

1. Member's Name	2. SSN or Tax ID Number <i>(Last 4 digits if already on file)</i>	3. Address	4. Percent Share	5. Does this member have signature authority for the legal entity? <i>(Yes or No)</i>
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its program and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information ( Braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of Discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

**PART C - Embedded Entities:** For any member listed in Part B, who is an entity, list such embedded entity's name and list the requested information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Part B is an entity, provide the requested information for each entity on supplemental sheets.

Name of Embedded Legal Entity \_\_\_\_\_

1. Member's Name	2. SSN or Tax ID Number. <i>(Last 4 digits if already on file)</i>	3. Address	4. Percent Share	5. Does this member have signature authority for the legal entity? <i>(Yes or No)</i>
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PART D - Embedded Entities:** For any member listed in Part C, who is an entity, list such embedded entity's name and list the information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Part C is an entity, provide the requested information for each entity on supplemental sheets.

Name of Embedded Legal Entity \_\_\_\_\_

1. Member's Name	2. SSN or Tax ID Number. <i>(Last 4 digits if already on file)</i>	3. Address	4. Percent Share	5. Does this member have signature authority for the legal entity? <i>(Yes or No)</i>
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Part E. Minor Members or Shareholders –** For any Member or Shareholder who is a minor, provide the following:  N/A

1. Minor's Name	2. Date of Birth	3. Parent's or Guardian's Name	4. Parent's or Guardian's Address	5. Parent or Guardian's SSN or Tax ID Number <i>(Last 4 digits if already on file)</i>

6. Separate Status of Minors

- (a) Is any minor a producer on a farm in which the parent or guardian has no interest?  YES  NO
- (b) Does any minor maintain a separate household from the parent or guardian and personally carry out farming Activities with respect to the minor's farming operation, including maintaining separate accounting?  YES  NO
- (c) Does any minor who is represented by a court-appointed guardian or conservator responsible for the minor 1) live in a household other than the parents' household(s), and 2) have a vested ownership in the farm?  YES  NO
- (d) If any minor with an interest in this farming operation can answer "YES" to Items 6(a)-6(c), list that minor's name:

**PART F- CERTIFICATION - By Signing:**

- I certify that I have signature authority for the entity identified in Part A and all information entered on this document is true and correct
- I understand that furnishing incorrect information will result in forfeiture of payments and benefits.
- I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in the information provided.

1. Representative's Signature (By)	2. Title/Relationship of Individual Signing in the Representative	3. Date (MM-DD-YYYY)
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<b>CCC-502C</b> (12-14-99)  <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation  <b>FARM OPERATING PLAN FOR PAYMENT ELIGIBILITY REVIEW FOR CORPORATIONS, LIMITED PARTNERSHIPS OR OTHER SIMILAR ENTITIES</b>	1. COUNTY _____  3. STATE _____	2. PROGRAM YEAR _____
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**NOTE:** The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The Agriculture Act of 1949, as amended, and the Food Security Act of 1985, as amended, authorize the collection of the data on this form which will be used in applying statutory payment eligibility and incentive provisions. Providing this data is voluntary, however, without it we may be unable to establish your applicant eligibility for program payments. This data may be furnished to any agency responsible for enforcing these provisions.

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. The valid OMB control number for this information collection is 0550-0095. The time required to complete this information collection is estimated to range from 30 minutes to 18 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY PSA OFFICE.

4. Producer's Name and Address  _____ _____ _____	5. Employer Identification No.  _____	6. Type of Entity (Check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (Specify) _____
7. Date Entity Formed  _____		<b>FOR COUNTY OFFICE USE ONLY</b>  Was an Alien Registration Receipt Card shown? YES <input type="checkbox"/> NO <input type="checkbox"/>

8. Members - List all members having an interest in the entity.						
Member's Name	Social Security/ Employer ID Number(s)	% Share	Salary/Bonus	Family Member Relationship	Position	Signature Authority for the Entity

9. Citizenship

A. Are ALL members U.S. citizens or aliens lawfully admitted into the U.S.?  <input type="checkbox"/> Yes. If an alien lawfully admitted into the U.S., show the County Office an Alien Registration Receipt Card and go to item 10.  <input type="checkbox"/> No. List ALL aliens not lawfully admitted into the U.S. and complete item 9B.	B. Are any members an entity?  <input type="checkbox"/> Yes. Complete item 5C.  <input type="checkbox"/> No. Go to item 10.	C. Are ALL members of the entity(ies) U.S. citizens or aliens lawfully admitted into the U.S.?  <input type="checkbox"/> Yes. If an alien lawfully admitted into the U.S. show the County Office an Alien Registration Receipt Card and go to item 10.  <input type="checkbox"/> No. List ALL members of the entity who are aliens not lawfully admitted into the U.S. and go to item 10.
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10. Producers Who Are Minors

Are you under 18 years of age?  YES (provide the following information)  NO (Go to item 11)

Member's Name and Date of Birth	Parents' or Guardians' Name and Social Security/ Employer ID Number(s)	Parents' or Guardians' Address
(1) _____	_____	_____
(2) _____	_____	_____

If any member's parents or guardians have any interest in a farming operation, complete the following for each member's parent or guardian.

Name of Farming Interest(s)	Social Security/Employer ID Number(s) of Farming Interest	County(ies) and State(s) Where Located
(1) _____	_____	_____
(2) _____	_____	_____

11. Farming Interests

Do any members, including spouses and minor children have any interest in a farming operation which is conducted under any name other than as listed in item 4?

Yes, one or more members have other farming interests. (Complete item 12)

Yes, one or more member's spouses have other farming interests. (Complete item 13)

Yes, one or more member's minor children have other farming interests. (Complete item 14)

No, no member including spouses and minor children has any other farming interests. (Complete item 15)

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## POWER OF ATTORNEY

Privacy Act of 1974 Compliance Information: Solicitation of information contained herein is authorized by Executive Order 10450, and/or Section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041), and may be used as a basis for suitability determinations. Disclosure of the information by you is voluntary. Information may be transferred as a routine use to appropriate federal, state or local agencies when relevant to the issuance of a license, grant, or approval for participation in a conservation program. Failure to provide information requested on this form may result in the government's inability to determine your suitability for the program you are applying.

**KNOW ALL MEN AND WOMEN BY THESE PRESENT:** That I/We \_\_\_\_\_

Do hereby make, constitute, and appoint,

My/Our true and lawful Attorney-in-Fact, with full right, power, and authority for me/us, and in my/our name, place, and stead:

To conduct any and all negotiations and sign any and all documentation associated with participation in any conservation program checked below that is administered by the United States Department of Agriculture Natural Resources Conservation Service (NRCS) on real estate owned or operated by the undersigned.

- |                                                                   |                                                              |
|-------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> All current programs                     | <input type="checkbox"/> Grasslands Reserve Program          |
| <input type="checkbox"/> All current and future programs          | <input type="checkbox"/> Wetlands Reserve Program            |
| <input type="checkbox"/> Agricultural Management Assistance       | <input type="checkbox"/> Wildlife Habitat Incentives Program |
| <input type="checkbox"/> Conservation Security Program            | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Farm and Ranch Lands Protection Program  |                                                              |
| <input type="checkbox"/> Environmental Quality Incentives Program |                                                              |

Also, to sign any necessary program documentation, and to collect and handle any monetary proceeds associated with said program agreements;

And also for me/we in my/our name/s and as my/our act and deed, to sign, seal, execute, deliver, and acknowledge such agreements, forms, deeds, releases, and satisfaction of mortgage, judgements, and other debts, and such other instruments of whatsoever kind and nature as may be necessary or proper in the premises;

Giving and granting unto said Attorney-in-Fact the full power and authority to do and perform each and every act, deed and thing whatsoever required and necessary to be done in and about the foregoing, as fully as the undersigned might or could do if personally present and acting. All power and authority granted herein shall not be affected by my/our disability, incapacity, or adjudged incompetence.

