

## FARM BILL PROGRAM REFERRAL

**SECTION 1 – Applicant Information (Completed by NRCS)**

Name:		
Address:		
Phone Numbers:		
Farm #:	Tract #:	Field #(s):
Location:		
Program:	Date NRCS Issued Referral for Needs Determination:	
Narrative Description of Practice Requested:		

**SECTION 2 – Needs Determination (Completed by Technical Service Provider)**

Practice Standard Code	Component Name	Field #	Extent Needed	Practice Units	Practice Cost	Suggested Month and Year of Installation

The practice(s)/amount(s) shown above are needed and practical and will be designed and installed to meet West Virginia NRCS practice standards.

Does the proposed practice area need protected from destructive grazing? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Technical Service Provider (TSP) – Printed Name \_\_\_\_\_ Agency/Company \_\_\_\_\_

Comments: \_\_\_\_\_  
 (USE BACK OF FORM FOR ADDITIONAL COMMENTS)

**SECTION 3 - Practice Installation Certification – Contract # \_\_\_\_\_ (Completed by NRCS)**  
 (NRCS Completes columns 1- 6. Columns 7–10 are to be completed by the Technical Service Provider – Signatures must be in blue ink.)

The practice(s) below have been installed to the extent shown in column 7 meet West Virginia NRCS practice standards.

Contract Item Number	Planned Month and Year of Installation	Practice Standard Code	Component Name	Field #	Contract Practice Units	Extent Completed/ Practice Units	Signature	Agency or Company	Date
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

Comments: \_\_\_\_\_  
 (USE BACK OF FORM FOR ADDITIONAL COMMENTS)