

Participant: _____ Contract Number: _____
 Address: _____ Program: _____
 _____ County: _____

Participant Reason(s) for Cancellation

<input type="checkbox"/>	Natural Disaster	<input type="checkbox"/>	Fire or Theft
<input type="checkbox"/>	Death/Major Illness	<input type="checkbox"/>	Eminent Domain
<input type="checkbox"/>	Bankruptcy	<input type="checkbox"/>	Military Service
<input type="checkbox"/>	Other Economic or Personal Hardship	<input type="checkbox"/>	Environmental or Archeological Concerns

Justification for above recommendations:

Cancellation requested from Participant attached

TO BE COMPLETED BY NRCS DISTRICT CONSERVATIONIST

Does this participant have other NRCS program contracts (AMA, CBWI, CSP, EQIP, GRP, WHIP, or WRP)?
 If yes, list all contract numbers below: Yes No

Contract # _____	Contract # _____
Contract # _____	Contract # _____
Contract # _____	Contract # _____
Contract # _____	Contract # _____

Practice Maintenance

	Yes	NO	No Practice /NA
Will the previously installed conservation practice(s) function independently? (If "No", explain in justification statement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the previously installed conservation practice(s) not be affected by the violation or the absence of other conservation practice(s) that would have been installed under the contract? (If "No", explain in justification statement)	<input type="checkbox"/>	<input type="checkbox"/>	
Will the participant agree to operate and maintain the installed conservation practice(s) for their life span? (If "No", explain in justification statement)	<input type="checkbox"/>	<input type="checkbox"/>	

Justification Statement:

Have Payments been made on this contract? If yes list amount below: Yes No

List Practice(s) and dollar amount below: (Print Payment History from ProTracts)

Practice: _____ Amount Paid: _____
 Practice: _____ Amount Paid: _____

Calculation of Cost Recovery

1. Total Contract Amount:	\$
2. Total Cost Share Payments Made:	\$
3. Total Cost Share Payments Past Life Span:	\$
4. *Total Cost Recovery Amount: (line 2 minus line 3)	\$

* Cost Recovery will be waived by STC if less than \$1,000.00.

I recommend Cancellation with Cost Recovery as follows:

- Cost Recovery
- Without cost recovery less than \$1,000.00
- No Cost Recovery

_____	_____
Designated Conservationist	Date

CONCURRENCE

_____	_____
ASTC-FO	Date
_____	_____
Farm Bill Program Specialist	Date
_____	_____
ASTC-Programs	Date

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