

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

Reason(s) for Termination (choose all that apply)					
<input type="checkbox"/>	Participant or Land Ineligible	<input type="checkbox"/>	Transfer of Owners/Loses Control of Land		
<input type="checkbox"/>	Contract Violation/Failure to Correct	<input type="checkbox"/>	Participant Knowingly Misrepresented Facts Affecting Program Determination		
<input type="checkbox"/>	Failure to Install, Maintain, or Operate Practice(s)	<input type="checkbox"/>	Participant Adopted any Scheme or Device to Defeat Program Purpose		
<input type="checkbox"/>	Participant's Action Pose a Threat to the Health and Safety of NRCS Employee(s)	<input type="checkbox"/>	Participant Made any Fraudulent Representation		
Practice Maintenance			Yes	NO	No Practice /NA
Will the previously installed conservation practice(s) function independently? (If "Yes" Liquidated Damages only) (If "No", explain in justification statement)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the previously installed conservation practice(s) be affected by the violation or the absence of other conservation practice(s) that would have been installed under the contract? (If "Yes", explain in justification statement)			<input type="checkbox"/>	<input type="checkbox"/>	
Justification for above recommendations:					

The following required, signed documents are to be scanned and sent to the ASTC-FO for their recommendation to the State Conservationist, along with this form.

✓	Document:	✓	Document:
<input type="checkbox"/>	Copy of 30 Day Notification to Terminate sent Certified to Participant	<input type="checkbox"/>	Power Of Attorney if applicable
<input type="checkbox"/>	CCC-1200 or NRCS-CPA-1202 contract signature page.	<input type="checkbox"/>	Completed CPA-13 (Current Year)
<input type="checkbox"/>	CCC-1200 or NRCS-CPA-1202 Appendix	<input type="checkbox"/>	Correspondence supporting Contract Review including Conservation Assistance Notes
<input type="checkbox"/>	Conservation Plan (AD-1155 or NRCS-CPA-1155)	<input type="checkbox"/>	NRCS-CPA-152 Conservation Program Contract Transfer Agreement (if applicable)
<input type="checkbox"/>	Modification forms (AD-1156 or NRCS-CPA-1156)	<input type="checkbox"/>	NRCS-CPA-153 Agreement Covering Non-Compliance with Provisions of Contract (if applicable)
<input type="checkbox"/>	Signatory Authority for taxable entities	<input type="checkbox"/>	Copies of documents detailing payments made to this Contract. ⁽¹⁾

Does this participant have other **active** 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 # _____

Calculation of Cost Recovery and Liquidated Damages

1. Total Contract Amount:	\$
2. *Liquidated Damages ⁽²⁾ (10% of Contract Amount):	\$
3. Total Cost Share Payments made:	\$
4. Total Cost Share Payments Past Life Span:	\$
5. Total Cost Recovery for payments: (line 3 minus line 4)	\$
6. *Total Cost Recovery amount: (Line 2 plus line 5)	\$

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

Based on information contained in the program case file and on documentation submitted with this form, my recommendation is as follows:

I recommend Termination with Cost Recovery as follows:

- Full cost recovery of Liquidated Damages (waived if less than \$1,000.00)
- Full cost recovery of Liquidated Damages and Cost Share Payments.
- Without cost recovery less than \$1,000.00

 Designated Conservationist

 Date

CONCURRENCE

I concur with DC recommendation and all documentation is attached to support this termination request.

 ASTC-FO

 Date

 Farm Bill Program Specialist

 Date

 ASTC-Programs

 Date

⁽¹⁾ Documents may include

- 1. ProTracts History Module which details all payments; **or**
- 2. Screen print of Fund Manager detailing payments and dates; **or**
- 3. FSA documentation of payments made; **or**
- 4. Signed and certified CCC-1245's;
- 5. Or any combination of these which shows all payments and dates paid

⁽²⁾ Liquidated Damages are assessed on all terminated contracts except WHIP 2002 Farm Bill Contracts at a rate of ten percent (10%) of the total financial assistance funds originally obligated on the CPC (512.58).

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