

**A. APPLICATION FOR LONG-TERM CONTRACTED ASSISTANCE THROUGH THE EWPP-FPE PROGRAM**

B. To be completed by NRCS; check appropriate box:  
 This transaction is for CCC  
 This transaction is for NRCS

C. State: New York

D. County: Westchester

1. Applicant Name and Address:

2. Applicant Name and Address:

1 a. Phone:

2 a. Phone:

I (We) hereby apply for participation in this program and submit the following information in support of the application. I (We) hereby attest that the name(s) listed in Items 1 and 2, have complete control of the property described in Item 3 below.

3. Description and location of farm, ranch, or other unit:

4. The land is owned by the applicant(s):  Yes  No If the answer to Item 4 is NO, provide an explanation below:

5. Description of area(s) needing treatment. Type and severity of problem(s), and treatment needed to correct the problem(s):  
 Brook Lane, Village of Rye Brook. NY. Approximately 20 residential properties were impacted by Hurricane Ida in September 2021 and sustained severe damage,

6. I (We) understand this application does not obligate the applicant(s) or \_\_\_\_\_ to enter into a contract.

6 a. Signature(s): \_\_\_\_\_ 6 a. Date: \_\_\_\_\_

6 b. Signature(s): \_\_\_\_\_ 6 b. Date: \_\_\_\_\_

7. The land has been evaluated and determined to be eligible for the program for which applied ownership criteria is met by the following methods:

Personal Knowledge: \_\_\_\_\_

Knowledge of:  7 a. Conservation District Board Members  7 b. FSA Records  7 c. Deed  7 d. Other, explain: \_\_\_\_\_

8. If application is for WRP, check appropriate box.

8 a. 10 Year Restoration Agreement  8 b. 30 Year Easement  8 c. Permanent Easement

9. If application is for GRP, check appropriate box.

9 a. 10 Year Contract  9 b. 15 Year Contract  9 c. 20 Year Contract  9 d. 30 Year Contract

9 e. 30 Year Easement  9 f. Permanent Easement

The signature by the NRCS representative signifies a CCC-NRCS transaction as indicated above.

10. Authorizing Official for: \_\_\_\_\_ 10 a. Signature: \_\_\_\_\_ 10 a. Date: \_\_\_\_\_

**OMB Disclosure Statement**

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 0578-0013. The time required to complete this information collection is estimated to average 30 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.

**APPLICATION FOR LONG-TERM CONTRACTED ASSISTANCE  
THROUGH THE \_\_\_\_\_ PROGRAM****Privacy Act Statement**

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