

**Washington Agricultural Conservation Easement
Program - Wetland Reserve Easement (ACEP-WRE)**

Application Workbook



Applicant Name(s): _____

Farm/Ranch Name: _____



Dear WRE Applicant,

Thank you for your interest in the Agricultural Conservation Easement Program - Wetland Reserve Easement (ACEP-WRE). Under ACEP-WRE, NRCS purchases easements directly from private and Tribal landowners through a reserved interest deed on eligible land to restore, protect, and enhance wetlands and associated lands on their property. In these cases, the United States (US) holds the easement, and the Natural Resource Conservation Service (NRCS) is responsible for monitoring, management, and enforcement.

The WRE program can be and is used as a catalyst for protection and restoration of important statewide resources. The intent of WRE is to restore manipulated hydric soils back to their historic hydrology and plant communities for water quality and wildlife habitat. The goal of NRCS is to achieve the greatest wetland functions and values, along with optimum wildlife habitat, on every acre enrolled in the program. Washington NRCS currently has over 22,000 acres enrolled in wetland easements.

Enrolling provides landowners with cost-share, technical assistance, and a substantial up-front payment to restore, protect or enhance wetlands and associated uplands. A conservation easement provides tax incentives to those who forego the development value of their land, reserved rights to undeveloped recreation, and protection of America's natural resources for future generations.

Thank you again for your interest in the WRE program. For questions, contact the WA NRCS Easements Program Manager, Carlee Elliott, at (509) 323-2920 or carlee.elliott@usda.gov

Sincerely,

Roylene Comes At Night
Washington State Conservationist



Washington ACEP-WRE Application Checklist for Landowners

This checklist and all applicable application materials must be provided by all landowners of the offered easement area to the NRCS Easement Program Manager by the advertised fiscal year application cut-off date to be considered for funding. Incomplete application packages will not be considered. Requested documentation must cover all landowners of record and the entire area offered for enrollment. NRCS will defer any application to the next fiscal year if any alterations to the offered area are made after the application cut-off date.

†Requirement applies only to entity or trust landowners only; includes trusts established with a social security number (SSN).

- ☐ 1. **NRCS-CPA-1200** Conservation Program Application
- ☐ 2. Copy of **current property deed(s)** and ownership share breakdown of private or Tribal land
- ☐ 3. If applicable, **24-month ownership waiver request** if landownership changes occurred within the last 24 months from the application date (see *ACEP-WRE 24-Month Ownership and Waiver Request Information*)
- ☐ 4. **Tax map, FSA map, or other visual representation** showing boundaries of the area offered for enrollment
- ☐ 5. Evidence of sufficient **legal and physical access** and ability to provide this access to NRCS
- ☐ 6. **ACEP-WRE Landowner Self-Certification**
- ☐ 7. **ACEP-WRE Easement Compensation Summary & Landowner Offer Worksheet** and addendum
- ☐ 8. **Farm Service Agency (FSA) eligibility** submitted to and processed by FSA for each landowner of record sufficient to establish or update records with FSA and determine eligibility for the fiscal year of application (see *Landowner Eligibility Matrix*). File paperwork directly with FSA BEFORE the application cut-off date.
 - ☐ **AD-2047** Customer Data Worksheet Request
 - ☐ **Farm and Tract Number** that covers the area offered for enrollment
 - ☐ **CCC-941** Average Adjusted Gross Income Certification Consent to Disclosure of Tax Information
 - ☐ **AD-1026** Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification
 - ☐ **FSA-211** Power of Attorney (optional; if someone will sign on behalf of a landowner)
 - ☐ **CCC-902-I** Farm Operating Plan for all individual landowners in determined status as listed on deed
 - ☐ **CCC-902-E** Farm Operating Plan for all entity landowners in determined status as listed on deed†
 - ☐ **Legal entity/trust documents** clearly designating who has signature authority for the legal entity or authority to act on behalf of other individuals (e.g., corporate charter, bylaws, trust agreement, articles of partnership)†
 - ☐ **NOTE for trusts using SSN only:** The actual landowner of record, whether the trust or the individual, contains the official FSA determination of eligibility for the SSN†
- ☐ 9. **SF-1199A** Direct Deposit Sign-Up, one for each landowner of record
- ☐ 10. **Certificate of Good Standing**, WA Secretary of State†
- ☐ 11. **Water rights documentation** for the area offered for enrollment

For questions, contact the WA NRCS Easements Program Manager, Carlee Elliott, at (509) 323-2920 or carlee.elliott@usda.gov

CONSERVATION PROGRAM APPLICATION

Applicant (Decision Maker):	Application Date:
Address:	Location where assistance is requested:
Email:	
Telephone:	Receive text messages (optional):
Assistance Requested:	

Click here for [instructions](#) to complete this form or contact the local office for assistance.

1. Do you have a customer record with the Farm Service Agency (FSA)?

☐ Yes ☐ No

2. Interested in participating in the following (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Agricultural Conservation Easement Program-Wetland Reserve Easement (ACEP-WRE)
<input type="checkbox"/> Agricultural Management Assistance (AMA)
<input type="checkbox"/> Conservation Stewardship Program (CSP) | <input type="checkbox"/> Environmental Quality Incentives Program (EQIP)
<input type="checkbox"/> Regional Conservation Partnership Program (RCPP) |
|---|---|

a) Program enrollment type, activity type, and/or project name, as applicable:

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3. Applicant Information:

Select the business structure and enter the legal name, and tax identification number for all applicants who will be participants on the contract or agreement including the decision maker.

Business Structure (Mark with an X)		Applicant Legal Name	Tax Number (last four digits)
Individual	Entity		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

To add more applicants, complete [NRCS-CPA-1200 Continuation Page](#), Applicant Information and attach to this form.

a) If applicant is a legal entity or joint operation, do you have appropriate documents including proof to sign for the entity or joint operation?

☐ Yes ☐ No ☐ N/A

- b) Complete the table below for all applicants who meet the requirements for one or more of the historically underserved categories. Refer to the instructions to learn more about the requirements. If none, leave blank. (optional)

Applicant Legal Name	Limited Resource Farmer or Rancher	Beginning Farmer or Rancher	Socially Disadvantaged Farmer or Rancher	Veteran Farmer or Rancher	Veteran Discharge Date
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. **Land Information.** The following questions apply to the land being offered for enrollment through this application.

a) **Land Type (check all that apply):**

- ☐ Private Land
☐ Public Land: ☐ Federal Government ☐ State Government ☐ Local Government
☐ Indian Land: ☐ Allotted ☐ Tribal Trust Land ☐ Tribal Non-Trust Land ☐ Other

b) **Control of Land Documentation (check all that apply):**

- ☐ Deed or other evidence of land ownership
☐ Written lease agreement

☐ Other agreement or legal conveyance (describe):

c) **Is the land currently enrolled in other USDA conservation program(s)?**

- ☐ Yes ☐ No

Which program(s):

d) **Organic Certification:**

- ☐ Certified Organic by the National Organic Program (NOP)
☐ Transitioning to become Certified Organic by the NOP
☐ Exempt from Organic Certification as defined by the NOP
☐ Not Applicable

e) **What is the primary crop type(s)?**

f) **What is the primary livestock type(s)?**

The applicant agrees not to start any financially assisted conservation practice or activity or engage the reimbursable services of a certified technical service provider before an obligating document is executed by NRCS. The applicant understands that if they start a conservation practice or activity prior to NRCS executing an obligation the applicant will be ineligible to receive payment for the conservation practice or activity. The applicant may request a waiver to begin a conservation practice or activity early by submitting their written request to the applicable NRCS State Conservationist. Applicants must provide NRCS with written authorization from the landowner to install structural or vegetative practices on leased land included in this application.

The applicant acknowledges that they have or will file all other required eligibility information including highly erodible land conservation/wetland conservation certifications, adjusted gross income certifications, and member information for entities and joint operations with the FSA, as applicable, prior to NRCS approving an agreement based on this application.

The applicant may obtain a copy of the applicable conservation program contract appendix, which defines the full terms and conditions of program participation at the local NRCS office.

☐ Check here if NRCS-CPA-1200 Continuation Page, Applicant Information is attached.

Applicant Signature	Date

NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov

USDA is an equal opportunity provider, employer, and lender.

Instructions for NRCS-CPA-1200, Conservation Program Application

This form is used to apply for program assistance.

Field Name	Instruction
Applicant (Decision Maker)	Enter the name of the decision maker who is authorized to make decisions pertaining to the application and whose name will be displayed on the NRCS contract or agreement documents if selected for funding.
Application Date	Enter the date of application submission.
Address/Email	Enter mailing address and email address for communication with the decision maker.
Location where assistance is requested	Enter the location of the land where assistance is requested, which may include County and State, farm and tract numbers, etc.
Telephone	Enter the telephone number where decision maker may be contacted.
To receive text message(s)	Enter a primary and/or secondary mobile number if you would like to receive text messages. This is optional.
Assistance Requested	Describe the type of assistance needed. Provide details of what you seek to accomplish through this application.
Question 1	Mark 'Yes' if you have records established with FSA. If answering 'No', NRCS will assist you with determining which records must be established to continue processing your application. Note: All persons or legal entities listed in question 3 will also need records with FSA for NRCS to determine eligibility.
Question 2	Select the conservation program(s) you are applying to participate in. It may be necessary to sign a new application if you decide to change your program selection(s).
Question 2a (optional)	Enter the program enrollment type(s) applying to participate in. For example: <ul style="list-style-type: none"> • Enter CSP-Renewal if applying to renew a CSP contract. • Enter EQIP-CIC if applying for an EQIP conservation incentive contract • For ACEP-WRE, enter "Permanent Easement", "30-Year Easement", or "30-Year Contract with Tribes" • For RCPP, activity type includes: Land Management, Rental, US Held Easements. The RCPP project name may be entered if known. <p>Note: Do not use this form for the following programs: ACEP-ALE or RCPP Entity Held Easements, Supplemental Agreements, or Watershed Activities. To apply for one of these programs, follow this link or contact NRCS for additional information.</p>
Question 3	Provide the legal identity of each party seeking participation through this application. Indicate whether each applicant is an individual or an entity and enter the legal name and last four digits of tax identification number.
Question 3a	For each applicant that is a legal entity, documentation of sufficient signature authority is required for anyone signing on behalf of the entity.
Question 3b (optional)	<p>If applicable, mark the appropriate box(s) for each applicant meeting one or more of the definitions for the historically underserved categories below. Applicants that mark Veteran Farmer or Rancher must also provide the date of discharge.</p> <p>Limited Resource Farmer or Rancher – The term "Limited Resource Farmer or Rancher" means a participant:</p> <ul style="list-style-type: none"> • With direct or indirect gross farm sales not more than the current indexed value in each of the previous two years, and • Who has a total household income at or below the national poverty level for a family of four, or less than 50 percent of county median household income in each of the previous two years. <p>A legal entity or joint operation can be a Limited Resource Farmer or Rancher only if all individual members independently qualify. A Self-Determination Tool is available to the public and may be completed on-line or printed and completed hardcopy at: https://lrftool.sc.egov.usda.gov/</p> <p>Beginning Farmer or Rancher – The term "Beginning Farmer or Rancher" means a participant who:</p> <ul style="list-style-type: none"> • Has not operated a farm or ranch, or who has operated a farm or ranch for not more than 10 consecutive years. This requirement applies to all members of a legal entity, and • Who will materially and substantially participate in the operation of the farm or ranch. <p>In the case of a contract with an individual, individually or with the immediate family, material and substantial participation requires that the individual provide substantial day-to-day labor and management of the farm or ranch, consistent with the practices in the county or State where the farm is located.</p> <p>In the case of a contract made with a legal entity, all members must materially and substantially</p>

	<p>participate in the operation of the farm or ranch. Material and substantial participation requires that the members provide some amount of the management, or labor and management necessary for day-to-day activities, such that if the members did not provide these inputs, operation of the farm or ranch would be seriously impaired.</p> <p>Socially Disadvantaged Farmer or Rancher – The term “Socially Disadvantaged” means an individual or entity who is a member of a socially disadvantaged group. For an entity, at least 50 percent ownership in the farm business must be held by socially disadvantaged individuals. A socially disadvantaged group is a group whose members have been subject to racial or ethnic prejudice because of their identity as members of a group without regard to their individual qualities.</p> <p>These groups consist of the following:</p> <ul style="list-style-type: none"> • American Indians or Alaskan Natives • Asians • Blacks or African Americans • Native Hawaiians or other Pacific Islanders • Hispanics. <p>Note: Gender alone is not a covered group for the purposes of NRCS conservation programs. The term entities reflect a broad interpretation to include partnerships, couples, legal entities, etc.</p> <p>Veteran Farmer or Rancher – The term "Veteran Farmer or Rancher" means a producer who served in the United States Army, Navy, Marine Corps, Air Force, or Coast Guard, including the reserve component thereof; was released from service under conditions other than dishonorable; and:</p> <ul style="list-style-type: none"> • has not operated a farm or ranch, or has operated a farm or ranch for not more than 10 years; or • who first obtained status as a veteran during the most recent 10-year period. <p>A legal entity or joint operation can be a Veteran Farmer or Rancher only if all individual members independently qualify.</p>
Question 4	Enter information regarding the land being offered for enrollment in a conservation program.
Question 4a	Check the applicable box(s) identifying the type of land included in the application.
Question 4b	<p>Check the applicable box(s) that support the documented control for the land being offered for enrollment in a conservation program.</p> <p>Note: A deed or evidence of ownership is required for all ACEP-WRE and RCPP easement applications.</p>
Question 4c	<p>Mark 'Yes' if the land in this application is currently enrolled in another USDA conservation program under an active contract or agreement and list the program(s) in the space provided.</p> <p>Otherwise, mark 'No'.</p>
Question 4d	<p>Check the applicable box acknowledging organic status of the operation. Mark 'N/A' if this application is for an operation not in organic-related production. Certification in any of these categories is to assist with planning and will not automatically result in the application being considered in any initiatives made available for organic-related production.</p> <ul style="list-style-type: none"> • Certified Organic Producer must maintain organic certification for the life of the contract. • Transition Organic Producer must self-certify that agree to develop and implement an Organic System Plan (OSP). • Organic Producers selling less than \$5,000 per year will need to self-certify that agree to develop and implement an Organic System Plan (OSP). <p>Note: Applicants must specifically request to participate in an organic initiative.</p>
Question 4e	Enter the predominant crop type(s) produced by the operation.
Question 4f	Enter the predominant livestock type(s) produced by the operation.

Note: If this application is selected for funding, it is the responsibility of the participants under a program contract or agreement to provide accurate information to support all items addressed in this application at the request of NRCS. False certifications are subject to criminal and civil fraud statutes. Each participant listed for share of the payment must provide an SF-1199A, Direct Deposit Form to proceed with contract execution. All participants that certify land control or certify eligibility as Limited Resource Farmer or Rancher, Beginning Farmer or Rancher, or Veteran Farmer or Rancher, will provide all records necessary to justify their claim as requested by a NRCS representative.

Conservation Program Application Continuation Page

[illegible]

ACEP-WRE 24-Month Ownership and Waiver Request Information

The Agricultural Conservation Easements Program – Wetlands Reserve Easements (ACEP-WRE) requires that an applicant must have owned the land for at least 24 months prior to application to the program. If you have owned the land to be offered for enrollment in ACEP-WRE for less than 24 months, you may request a waiver. You should only apply and request a waiver if you can provide adequate assurances, as determined by Natural Resources Conservation Service (NRCS), that:

- (1) The land was acquired by will or succession as a result of the death of the previous landowner;
- (2) The ownership change occurred due to foreclosure on the land, and the owner of the land immediately before the foreclosure exercises a right of redemption from the mortgage holder in accordance with State law; OR
- (3) The land was NOT acquired for the purpose of placing the land in the ACEP-WRE.

This ownership requirement is based on the current legal ownership of the land. Therefore, if there were any changes in the title within the last 24 months, a waiver must be requested and granted by the appropriate NRCS official before you may be determined eligible for ACEP-WRE. The burden of proof in this regard is on the landowner. If the land has been owned less than 24-months from the date of application and no waiver is granted, the application will be determined ineligible. The landowner(s) may submit a new application once they have owned the land for 24 months.

For example, you and your brother owned the land to be offered for enrollment as individuals for 10 years. 18 months ago, you and your brother transferred ownership to an LLC. You and your brother are members of that LLC. This is a change in ownership within the last 24 months; a request for a waiver is required.

For applicants to be considered for a waiver, a letter must be submitted to the State Conservationist. The letter must adequately describe documentation that one of the three above-listed ownership waiver criteria applies. Supporting information could include descriptions of:

- The circumstances of the change in ownership
- The date of purchase or transfer
- The reasons for purchasing the land
- The reasons the current landowner(s) now want to offer the land for enrollment in ACEP-WRE
- The past, current, and intended future land use
- If the land was acquired by will or succession due to death of previous landowner.
- If the land was acquired by right of redemptions exercised during a foreclosure action.
- If the land continues to be owned by people who have been involved with the land for more than 24 months.
- Crop losses due to flooding.
- Any relevant personal or financial circumstances you would like taken into consideration.

All other pertinent eligibility requirements must be met before NRCS will consider waiving the 24-month ownership requirement. The waiver request letter should be addressed to Roylene Comes At Night, Washington NRCS State Conservationist, and a copy included in the ACEP-WRE application package. **For questions, contact the WA NRCS Easements Program Manager, Carlee Elliott, at (509) 323-2920 or carlee.elliott@usda.gov**

ACEP-WRE Landowner Self-Certification

The information as outlined below communicates certain requirements of the Agricultural Conservation Easement Program – Wetlands Reserve Easement (ACEP-WRE) that may not be reflected in other application materials. This worksheet must be included in the ACEP-WRE application package.

Ownership

I have provided all current vesting deeds covering the entire area offered for enrollment in the ACEP-WRE application package. All landowners as listed on these vesting deeds are listed on the CPA-1200, Conservation Program Application, and have completed the appropriate landowner eligibility paperwork and filed it with the Farm Service Agency (FSA) as required. Additionally, if there is more than one landowner, I have provided a breakdown of ownership shares based on the acreage of the land offered for enrollment.

Clear Title

I, and any additional landowners (as applicable), can convey clear title to the land being offered for enrollment. Additionally, I will be able to provide consent or subordination agreements from each holder of a security interest in the land as required by NRCS, including mortgages and any other rights that would have potential to conflict with the purposes of ACEP-WRE.

Legal Access

I, and any additional landowners (as applicable), are willing and able to grant NRCS or its designees unencumbered, unrestricted, transferable, and otherwise sufficient physical and legal access from an identified Federal, State, or local public right-of-way to the entire area offered for enrollment for the requested term of the enrollment for restoration, management, maintenance, monitoring, and enforcement purposes. I have provided documentation of legal access rights for the entire area offered for enrollment with the ACEP-WRE application package. I have noted where the area offered for enrollment is accessible directly from a public right-of-way and included, if applicable, documentation of legal access rights across adjoining landowners (e.g., executed right-of-way, executed agreement for granting right-of-way after survey).

Participation in Other USDA Programs

I understand that land enrolled in ACEP-WRE is ineligible for any other USDA program payment for the life of the enrollment. Further, I understand that if I have an active contract or other agreement with any USDA agency on the land offered for enrollment, I must work with that agency to complete, cancel, or terminate all such contracts and agreements in a timeframe acceptable to the NRCS to become or remain eligible for ACEP-WRE.

NRCS Restoration and Stewardship

I understand that a Wetland Reserve Plan of Operations (WRPO) will be developed, and that hydrology and plant communities will be restored to its historical communities as applicable. Washington NRCS Wetland Restoration Criteria and Guidelines (WRCG) document is available on the public Washington NRCS website and lists all criteria and parameters for restoration and stewardship activities. Where possible, Washington NRCS will limit structures on restorations. Any required permitting is the landowner's responsibility.

Reserved Rights and Relinquished Property Rights

I have read through the Warranty Easement Deed in Perpetuity (NRCS-LTP-30) or Warranty Easement Deed for a Period of 30-Years (NRCS-LTP-32) and understand I will convey and relinquish any and all other property rights not so reserved. Furthermore, I understand the specific sections of the pertinent deed which lists any Obligations of the Landowner (e.g., prohibitions, access maintenance), Compatible Uses by the Landowner (e.g., haying, grazing, food plots, hunting and observatory blinds, etc.), and Rights of the United States.

Receipt of Sample ACEP-WRE Forms

I have received and reviewed the most current versions of the list of documents below, which are available on the public Washington NRCS website. If my application is selected for funding, I understand that I must agree to the language in these documents at the time they are required to be signed. I further understand that these documents are standard language applicable to every ACE-WRE transaction nationwide and cannot be modified (Note: Language is subject to change based on final rule and policy).

- Agreement for the Purchase of a Conservation Easement (NRCS-LTP-31)

- Warranty Easement Deed in Perpetuity (NRCS-LTP-30) or Warranty Easement Deed for a Period of 30-Years (NRCS-LTP-32) and the following sample exhibits:
 - Exhibit C – Subsurface Rights
 - Exhibit D – Water Uses and Water Rights
- Subordination Agreement and Limited Lien Waiver (AD-1158)
- *For Indian Tribes Only: Contact the WA Easement Program Manager directly for a copy of the applicable forms listed below.*
 - *Agreement to Enter Contract for 30-Year Land Use (NRCS-LTP-40)*
 - *Contract for 30-Year Land Use (NRCS-LTP-43A, LTP-43B, LTP-43C, or LTP-43D)*
 - *All applicable exhibits as listed within the forms section above*

Landowner Certification

By my signature below, I certify that I, and any other landowners (as applicable), included all required documentation as listed on the ACEP-RE Application Checklist for Landowners in the ACEP-WRE application package. I also certify that I understand and can comply with the terms as listed within this ACEP-WRE Landowner Self-Certification.

Landowner Signature

Date of Signature

Landowner Name (Printed)

Landowner Title (if applicable)

ACEP-WRE Easement Compensation Summary & Landowner Offer Worksheet

The Secretary of Agriculture is required to pay a compensation for an Agricultural Conservation Easement Program – Wetlands Reserve Easement (ACEP-WRE) easement at the lowest of the following three (3) values:

1. The fair market value (FMV) of the offered easement area (as determined by an appraisal or a market analysis);
2. The current fiscal year's Geographic Area Rate Cap (GARC), which Washington NRCS determined will be implemented as follows:
 - a. 85% of the Appraised FMV, not to exceed \$5,000.00/acre.
 - b. Where Threatened and Endangered (T&E) species are present, 85% of the Appraised FMV, not to exceed \$10,000/acre.
 - c. For permanent easements, compensation is 100% of the GARC value.
 - d. For 30-year easements, the compensation is 75% of the GARC value.
3. The offer made by the landowner. A landowner is not required to make an offer different than the GARC. However, during a competitive funding cycle, a lower offer may improve the changes for funding.

I, _____, hereby offer to accept the following as
(Landowner Name(s))

compensation for conveyance of a _____ ACEP-WRE easement to the United States
(Permanent/30-Year)
(select one):

Current Fiscal Year GARC

Other offer: _____ % of FMV

Other offer: \$ _____ per acre

If any part of the easement value, cost of restoration, or other expenditure (monetary or in-kind) will be donated or funded by a party other than NRCS (including landowner donations), I have provided details in an addendum to this worksheet. Further, I understand that the offered value is subject to change based upon results of an individual appraisal or market analysis, and that the value that will be compensated is not final until an Agreement to Purchase a Conservation Easement (NRCS-LTP-31) or Agreement to Enter Contract for 30-Year Land Use (NRCS-LTP-40) is signed by both parties.

Landowner Signature(s): _____ Date: _____

ACEP-WRE Easement Compensation Summary & Landowner Offer Worksheet

Addendum

If any part of the easement value, cost of restoration, or other expenditure (monetary or in-kind) will be donated or funded by a party other than NRCS (including landowner donations), details are provided in the box below.

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																			
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			
CITY	STATE	ZIP CODE	F TYPE OF PAYMENT (<i>Check only one</i>)																		
TELEPHONE NUMBER AREA CODE			<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay																		
B NAME OF PERSON(S) ENTITLED TO PAYMENT			<input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____																		
C CLAIM OR PAYROLL ID NUMBER			<input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____																		
Prefix _____ Suffix _____			<input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____																		
			<input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ (<i>specify</i>)																		
		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)																			
		TYPE	AMOUNT																		
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																			
SIGNATURE	DATE	SIGNATURE	DATE																		
SIGNATURE	DATE	SIGNATURE	DATE																		

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												CHECK DIGIT <table border="1"><tr><td></td></tr></table>	
		DEPOSITOR ACCOUNT TITLE													
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.															
PRINT OR TYPE REPRESENTATIVE'S NAME		SIGNATURE OF REPRESENTATIVE		TELEPHONE NUMBER		DATE									

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Records Management Branch, Room 135, 3700 East-West Highway, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT TO COLLECT THIS DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.

PRIVACY ACT NOTICE

Collection of the information in this Direct Deposit Sign-Up form is authorized by 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and Executive Order 9397 (November 22, 1943). Your social security number and the other information requested will allow the federal government to process your direct deposit. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary to process your direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your direct deposit cannot be processed without it.


PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (F)** Type of payment is printed to the left of the amount.

United States Treasury		15-51 000	KANSAS CITY, MO		Check No. 0000 415785						
 <table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>08</td> <td>31</td> <td>84</td> </tr> </table>		Month	Day	Year	08	31	84				
Month	Day	Year									
08	31	84									
Pay to the order of		JOHN DOE 123 BRISTOL STREET HAWKINS BRANCH TX 76543		28 28 VA COMP	<table border="1"> <tr> <td>DOLLARS</td> <td>CTS</td> </tr> <tr> <td>\$****100</td> <td>00</td> </tr> </table>	DOLLARS	CTS	\$****100	00		
DOLLARS	CTS										
\$****100	00										
		(A)		(F)							
NOT NEGOTIABLE											
":00000518": 041571926"											

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.