

CONTRACT REVIEW

1. Date:	2. Contract or Agreement No.:	3. Program:
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4. County	5. Name and Address:
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6. Progress in applying plan.

7. Revision of plan or modification of contract or agreement needed:

8. Need for technical assistance:

9. Land is still under control of the participant: YES NO

9a. If the answer to item 9 is **NO**, provide explanation:

10. Signature of Designated Conservationist

Signature: _____ 10a. Date: _____

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