

For: State and County Offices

Cost-Share Forms and Signatures for CRP

Approved by: Deputy Administrator, Farm Programs



1 Overview

A Background

Notice CRP-739 provided training information, software availability and dates, and instructions to begin using the web-based Cost-Share System (CSS). Since May 9, 2013, CSS has been used to process **all new** CRP cost-share applications, agreements, performance certifications, and payments. The following forms replaced the existing AD-245 and AD-862:

- FSA-848A (Agreements)
- FSA-848B (Certifications and Payments).

Note: For CRP, CRP-1 is used in lieu of FSA-848 for the C/S application.

B Purpose

This notice provides:

- examples of and instructions for completing FSA-848A and FSA-848B
- clarification of the policy for:
 - CRP C/S applications
 - obtaining participant signatures on FSA-848A for CRP
- modified approval letter in Exhibit 3 to be locally reproduced.

Disposal Date	Distribution
October 1, 2013	State Offices; State Offices relay to County Offices and NRCS State Offices

Notice CRP-742

2 Policy

A Instructions for FSA-848 Form Series

County Offices shall use the instructions in Exhibits 1 and 2 until 2-CRP is amended to include the forms and instructions or additional guidance is issued.

Note: The FSA-848 form series is system-generated. Most of the entries on the forms are input through CSS with the exception of signature blocks and associated dates, and the performance elements certified by the producer on FSA-848B, “Cost-Share Performance Certification and Payment”.

B CRP C/S Application

FSA-848 is **not** required for CRP. Information from CRP-1 and the Conservation Plan must be used to complete the C/S application module in CSS. As directed in the CRP Cost-Share training slides, enter the CRP-1 "signature date" and "submitted date" before submitting the C/S application in CSS.

C Guidance on Participant Signatures for FSA-848A

Consistent with the instructions for AD-245's in 2-CRP, subparagraph 501 A, County Offices may request the producer's signature on FSA-848A; however, the producer's signature is **not** required.

COC/CED **must** still sign and approve FSA-848A and provide a copy to the producer with the approval letter.

The approval letter may be manually modified to reflect this policy until the system-generated letter is updated in CSS for CRP. See Exhibit 3 for an example.

D Making Partial Payments on FSA-848B

For partial payments, the participant must **both** request payment and agree to complete the practice on FSA-848B.

If the participant agrees to complete the practice on FSA-848B, then completing FSA-18 is **not** required.

3 Action

A State Office Action

State Offices shall ensure that County Offices follow the provisions of this notice

B County Office Action

County Offices shall follow the provisions of this notice.

Completing FSA-848A for CRP

A Completion Instructions

Complete FSA-848A according to the following table.

Item	Instructions
1	Enter the State and county codes.
2	Enter the name, address, and telephone number of the County Office.
3	Enter the C/S application number.
4	Enter the agreement number.
5	Enter the program year.
6	Enter "Non-Project Area" for CRP.
7	Enter the program code.
8	Enter the contract ID.
9A	Enter FSN.
9B	Enter the tract number.
9C	Leave blank for CRP.
9D	Enter the practice control number.
9E	Enter the program accounting code Note: For CRP, this is nationally allotted.
9F	Leave blank for CRP.
9G	Enter the practice unit.
9H	Enter the practice extent approved that corresponds to items 9A through 9G.
9I	Enter the practice expiration date.
9J	Enter the practice life span.
9K	Enter the approved C/S rate and type that correspond to items 9A through 9J, if the practice control number has a practice rate.
9L	Enter the approved C/S that corresponds to items 9A through 9K and items 10A through 10I, as applicable. If there are additional approved practices, complete FSA-848A-1, item 2.
9M	Enter the sum of all C/S requested that corresponds to the sum of item 9L.

Completing FSA-848A for CRP (Continued)

A Completion Instructions (Continued)

Item	Instructions
10A	Enter FSN.
10B	Enter the tract number.
10C	Leave blank for CRP.
10D	Enter the practice control number.
10E	Enter the component number.
10F	Enter the component title.
10G	Enter the component unit.
10H	Enter the component extent approved that corresponds to items 10A through 10G.
10I	Enter the approved C/S rate and type that correspond to items 10A through 10H.
10J	Enter the approved C/S rate and type that correspond to items 10A through 10I. If there are additional approved components, complete FSA-848A-1, item 3.
11A	The FSA representative shall sign.
11B	Enter today's date.
11C	Enter C/S willing to approve.
11D	Enter the C/S approved amount.
12A	Enter the participant's name, address, and telephone number.
12B	The participant or signing authority shall sign. Optional for CRP.
12C	Enter the title/relationship that corresponds to the signing authority in item 12B. Optional for CRP.
12D	Enter the date. Optional for CRP.
13A	Enter the program code.
13B	Enter the program year.
13C	Enter the State and county codes that correspond to item 1.
13D	Enter the agreement number that corresponds to item 4.
13E	Enter the contract ID that corresponds to item 8.
13F	Enter "Non-Project Area" for CRP.
14	Enter any applicable remarks.

Completing FSA-848A for CRP (Continued)

B Example of FSA-848A (Continued)

FSA-848A (09-27-10)					Page 2
13. AGREEMENT INFORMATION					EMERGENCY PROGRAMS ONLY
A. Program Code	B. Program Year	C. ST. & CC. Code	D. Agreement Number	E. Contract ID	F. Disaster ID
14. REMARKS					
<p>NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 701, 7 CFR Part 1410, and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.</p> <p>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 0580-0082. The time required to complete this information collection is estimated to average 3 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.</p> <p>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</p> <p>By signing this form, the Participant acknowledges and understands that any false representation or claims are subject to civil and criminal penalties including, but not limited to those under 18 U.S.C. 1001.</p> <p>The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 577-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.</p>					

Completing FSA-848B for CRP

A Completion Instructions

Complete FSA-848B according to the following table.

Item	Instructions
1	Enter the State and county codes.
2	Enter the name, address, and telephone number of the County Office.
3	Enter the C/S application number.
4	Enter the C/S agreement number.
5	Enter the program year.
6	Enter "Non-Project Area" for CRP
7	Enter the program code.
8	Enter the contract ID.
9A	Enter FSN.
9B	Enter the tract number.
9C	Leave blank for CRP.
9D	Enter the practice control number.
9E	Enter the practice unit.
9F	Enter the practice extent approved that corresponds to items 9A through 9E.
9G	If the practice in item 9D is: <ul style="list-style-type: none"> • complete, ENTER "Yes" • not complete, ENTER "No".
9H	Enter the acres served.
9I	Enter the approved C/S that corresponds to items 9A through 9F.
9J	If the practice is complete, enter the total installation cost that corresponds to items 9A through 9I.
9K	If the practice is not complete and C/S is still requested for this practice, list codes for completed components for that practice.
9L	Enter the total approved C/S that corresponds to the sum of item 9I and the total installation cost that corresponds to the sum of item 9J. If there are additional practices, complete FSA-848B-1, item 2.
10A	Check the boxes indicating whether any participants on the contract bear all expenses for performing a practice. If the answer was "No", give all pertinent information about other persons/agency who bore any part of the expenses.
10B	Check the boxes indicating whether any participants on the contract have received or will receive a C/S payment under the same program during the current FY. If the answer was "Yes", enter the State, county, and amount by farm.
10C	The producer or signing authority shall sign.
10D	Enter the title/relationship that corresponds to the signing authority in item 10C.
10E	Enter today's date.
11A	Enter the program code.
11B	Enter the program year.
11C	Enter the State and county codes.
11D	Enter the C/S agreement number.
11E	Enter the contract ID.
11F	Enter "Non-Project Area" for CRP.

Completing FSA-848B for CRP (Continued)

A Completion Instructions (Continued)

Item	Instructions
12A	Enter FSN.
12B	Enter the tract number.
12C	Leave blank for CRP.
12D	Enter the practice control number.
12E	Enter the practice unit.
12F	Enter the practice extent approved that corresponds to items 12A through 12E.
12G	Enter the practice extent performed that corresponds to items 12A through 12F.
12H	Enter the acres served that correspond to items 12A through 12G.
12I	Enter the approved C/S that corresponds to items 12A through 12H.
12J	Enter the total installation cost that corresponds to items 12A through 12I.
12K	Enter the total C/S earned that corresponds to items 12A through 12J.
12L	Enter the sum of all approved C/S from item 12I and continuation pages, the sum of the total installation cost from item 12J and continuation pages, and the total C/S earned from item 12K and continuation pages. If there are additional practices, complete FSA-848B-1, item 4.
13A	Enter FSN.
13B	Enter the tract number.
13C	Leave blank for CRP.
13D	Enter the practice control number.
13E	Enter the component number.
13F	Enter the component title.
13G	Enter the component unit.
13H	Enter the component extent approved that corresponds to items 13A through 13G.
13I	Enter the approved C/S that corresponds to items 13A through 13H.
13J	Enter the component extent performed that corresponds to items 13A through 13I.
13K	Enter the C/S earned that corresponds to items 13A through 13J. If there are additional components, complete FSA-848B-1, item 5.
14A	Enter FSN.
14B	Enter the tract number.
14C	Leave blank for CRP.
14D	Enter the practice control number.
14E	Enter the technical practice code.
14F	Enter the technical practice title.
14G	Enter the technical practice unit.
14H	Check the box indicating if the technical practice is cost-shared.
14I	Enter the technical practice extent planned that corresponds to items 14A through 14H.
14J	Enter the technical practice extent applied that corresponds to items 14A through 14I. If there are additional technical practices, complete FSA-848B-1, item 6.

Completing FSA-848B for CRP (Continued)

A Completion Instructions (Continued)

Item	Instructions
15A	The technical service provider or participant shall sign, as applicable.
15B	Enter today's date.
15C	Enter the affiliation.
15D	Enter the practice control number.
15E	Enter the performance statement. If there are additional practices with performance certifications, complete FSA-848B-1, item 7.
16A	Enter the program code.
16B	Enter the program year.
16C	Enter the State and county codes.
16D	Enter the C/S agreement number.
16E	Enter the contract ID, if applicable.
16F	Enter the disaster ID.
17A	Enter FSN.
17B	Enter the tract number.
17C	Leave blank for CRP.
17D	Enter the practice control number.
17E	Enter the component number.
17F	Enter the participant's name.
17G	Enter the program accounting code.
17H	Enter the partial or final payment for the practice.
17I	Enter the partial or final payment for the agreement.
17J	Enter the C/S earned.
18A	The FSA representative shall sign to approve performance.
18B	Enter today's date.
18C	Enter the total approved C/S for the agreement.
18D	Enter the current amount earned.
18E	If final payment, enter the total C/S earned on the agreement.

Completing FSA-848B for CRP (Continued)

B Example of FSA-848B

The following is an example of FSA-848B.

This form is available electronically. Form Approved - OMB No. 0560-0082

FSA-848B (09-27-10)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency		1. ST. & CO. Code :							
COST-SHARE PERFORMANCE CERTIFICATION AND PAYMENT				2. County Office Name, Address and Telephone Number							
(See Page 3 for Privacy Act and Burden Statements.)											
THIS CERTIFICATION AND REQUEST FOR PAYMENT is submitted by the undersigned owners, operators, tenants, and/or producers (who individually will herein be referred to as "the Participant"). By signing this form, the Participant agrees to the following: 1) the Participant requested cost-share assistance to perform practice(s) designed to meet the objectives of the program referenced on FSA-848; 2) the Participant agrees that this practice(s) would not be performed without Federal cost-sharing; and, 3) for the practice(s) approved, the Participant agrees to refund all or part of the funds paid to him/her, as determined appropriate by the Approving Official, if, before expiration of the lifespan of the specified practice(s), the Participant (a) destroys the approved practice(s), or (b) voluntarily relinquishes control of or title to, the land on which the approved practice(s) has been established, and the new owner and/or operator of the land does not agree in writing to properly maintain the practice(s) for the remainder of its life span. The Participant further agrees that if he or she began the practice(s) before receiving written approval, he or she may be denied cost-share funding. Further, the Participant hereby authorizes a representative of USDA to have access to the practice site area(s). Further, the participant understands that form FSA-848B-1 is by reference incorporated herein. BY SIGNING THIS CERTIFICATION, THE PARTICIPANT ACKNOWLEDGES RECEIPT OF THE FOLLOWING FORMS: FSA-848B AND ANY ADDENDUM THERETO.											
NOTE: To receive payment or credit for any cost-shares earned on these practice(s), report performance below, by completing items 9 and 10, and file with the issuing FSA county office by the practice expiration date(s) listed on the FSA-848A.											
9. PRACTICES PERFORMED											
A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Practice Units	F. Practice Extent Approved	G. Is the Practice Complete? (YES or NO)	H. Acres Served	I. Approved Cost-Share	J. Total Installation Cost	K. If practice is not complete and cost-share is still requested for this practice, list codes for completed components.	
L. TOTALS:											
INSTRUCTIONS TO PARTICIPANT To receive payment or credit for any cost-shares earned on this agreement, report performance on page 1, and file with the issuing FSA county office by the practice expiration date.						10. CERTIFICATION BY PARTICIPANT. I certify that the above information is true and correct. I further certify that the entry(ies) in Item 9G show that the practice(s) was performed in accordance with the practice specifications and other requirements. If Item 9G indicates that the practice is not complete, I request cost-share for the completed components shown in Item 9E. I agree to complete the remaining components approved on the FSA-848A, for this practice(s), by the practice expiration date, regardless of whether or not cost-share assistance is approved. I agree to refund any cost-share assistance paid to me under this practice(s), if I fail to complete it. I hereby apply for payment to the extent that the Approving Official has determined that the practice has been performed and further certify that this payment is not a duplicate of any other earned by me. I agree to maintain and use the practice(s) for the minimum maintenance period established for the practice(s). I agree to refund all or part of the cost-share assistance paid to me, as determined by the Approving Official, if before expiration of the practice lifespan specified above, (a) I destroy the practice installed, or (b) voluntarily relinquish control or title to the land on which the installed practice(s) have been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice(s) for the remainder of their lifespan. I understand that FSA-848 and FSA-848A and any addendum thereto are by reference incorporated herein and with this form constitutes the entire agreement between the parties.					
A(1) Did you and the other participants on this agreement bear all the expense (except for program cost sharing) for performing this practice?						B(1) During the current fiscal year Oct. 1 – Sep. 30, have you received or will you or any participant on this agreement receive a cost-share payment under the same program on this or any other farm other than through this FSA-848B?					
<input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> YES <input type="checkbox"/> NO					
A(2) If "NO", report name(s) and addresses of other person(s) or agency who bore any part of the expenses. Also, show kind, extent and value of their contribution.						B(2) If "YES", report State, County, and amount by farm.					
C. Participant Signature (By)						D. Title/Relationship of the Individual If Signing in a Representative Capacity			E. Date (MM-DD-YYYY)		
<small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, marital, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-8992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.</small>											

Completing FSA-848B for CRP (Continued)

B Example of FSA-848B (Continued)

FSA-848B (09-27-10)											Page 2
11. AGREEMENT INFORMATION										EMERGENCY PROGRAMS ONLY	
A. Program Code	B. Program Year	C. ST. & CO. Code	D. Agreement Number			E. Contract ID			F. Disaster ID		
12. PRACTICE EXTENT PERFORMED											
A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Practice Units	F. Practice Extent Approved	G. Practice Extent Performed	H. Acres Served	I. Approved Cost-Share	J. Total Installation Cost	K. Cost-Share Earned	
L. TOTALS:											
13. COMPONENT EXTENT PERFORMED											
A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Component No.	F. Component Title	G. Component Units	H. Component Extent Approved	I. Approved Cost-Share	J. Component Extent Performed	K. Cost-Share Earned	
14. TECHNICAL PRACTICE EXTENT APPLIED											
A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Technical Practice Code	F. Technical Practice Title	G. Technical Practice Units	H. Technical Practice Cost-Shared	I. Technical Practice Extent Planned	J. Technical Practice Extent Applied		
							<input type="checkbox"/> YES <input type="checkbox"/> NO				
							<input type="checkbox"/> YES <input type="checkbox"/> NO				
							<input type="checkbox"/> YES <input type="checkbox"/> NO				
15. Performance Certification											
A. Signature of Technical Service Provider or Participant			B. Date	C. Affiliation	D. Practice Control Number		E. Performance Statement				

Example of CRP Approval Letter



United States
Department of
Agriculture

Farm and Foreign
Agricultural
Services

Farm Service
Agency

Any County FSA Office
XXX Any Ave
Any City, Any State
XXXXX-XXXX
(XXX)XXX-XXXX

PRODUCER A
Any Address
Any City, Any State 12345

June XX, 2013

Program: Conservation Reserve Program
Application No: ST_CO_YEAR_XXXX
Contract No: XXXXX

Dear PRODUCER A:

Your request for financial assistance under the above program has been approved for the practice(s) indicated on the attached FSA-848A and summarized below:

Practice Code	Farm Number(s)	TSP	Lifespan (yrs)
CP2	1234		10
CP2	1234		10

If you are not satisfied with the practice(s) or financial assistance approved, you may appeal in writing to the County FSA Committee within 30 days from the date of this letter.

The following items should serve as a guide in completing and reporting the approved practice(s):

1. Make arrangements to install the conservation practices(s) as soon as practical.
2. Make arrangements to obtain the necessary easements and permits to perform the practice(s).
3. Carry out the practice(s) in accordance with the specified requirements to ensure effective practice(s). The specifications must be met to qualify for the financial assistance approved.
4. If you start the practice(s) and cannot complete the practice(s) before the expiration date, please notify us in advance. If the reasons justify an extension of time, the committee may approve an extension.
5. Furnish a report of performance on the attached FSA-848B immediately upon completion of the practice and not later than the expiration date indicated on the Cost Share Agreement. Otherwise, the approval for financial assistance will be cancelled.
6. Furnish sales slip, invoices, or other evidence for the materials used in connection with each practice to be used in determining your financial assistance.

Note: Activities must cease and the FSA office immediately notified if any archaeological site or remains are discovered.

Sincerely,

County Executive Director

An Equal Opportunity Provider and Employer