

CONSERVATION PROGRAM APPLICATION

Name:	Application Number:
Address:	Application Date:
	County and State:
Telephone:	Watershed:
	Subaccount:
Location (Legal Description or Farm and Tract Number):	

(Please note that not all questions apply to all Programs)

1. This is an application to participate in the:

<input type="checkbox"/> Agricultural Management Assistance (AMA)	<input type="checkbox"/> Environmental Quality Incentives Program (EQIP)
<input type="checkbox"/> Conservation Security Program (CSP)	<input type="checkbox"/> Wildlife Habitat Incentives Program (WHIP)

2. Yes No If applying for the EQIP or CSP, are you either a Limited Resource Farmer or Rancher or a Beginning Farmer or Rancher?

If you wish to apply in either of these categories, you must complete certification requirements. For more information please go to the following url: <http://www.lrftool.sc.egov.usda.gov/>

3. Yes No Do you have farm records established with the appropriate USDA Service Center Agency?

If no, you must establish them with the appropriate USDA Service Center Agency prior to submitting this application.

4. Are you applying for a conservation program contract as an (check one of the following):

Individual

Entity (Corporation, Limited Partnership, Trust, Estate, etc...)

a) Please enter entity name and tax identification number:

Name:

Tax Number:

b) **Yes** **No** Do you have appropriate documents including proof to sign for the entity?

Joint Operation (General Partnership, Joint Venture)

a) Please enter entity name and tax identification number:

Name:

Tax Number:

b) **Yes** **No** Do you have appropriate documents including proof to sign for the entity?

5. Yes No If applying for the EQIP, are you engaged in livestock or agricultural production, and have you produced at least \$1000 of a gricultural products in a year?

6. Is the land being offered for enrollment used for agricultural or livestock production?

Agriculture

Crop Type:

Livestock Production

Livestock Type:

7. Yes No If applying for the EQIP and if the application includes irrigation practices, has the land been irrigated at least 2 of the last 5 years?

8. The land is (Check all that apply):

- Private Land**
- Public Land (Federal, State, or Local Government)**
- Tribal, Alloted, Ceded or Indian Land**

9. Certification of control of the land under the application:

- Deed or other evidence of land ownership**
- Written lease agreement**
Years of control are through
- Other agreement or legal conveyance**
Years of control are through

10. Yes No Is the land under this application enrolled in any other conservation program?

On the farm identified above, the Applicant agrees to participate in the identified program if the offer is accepted by the NRCS. The undersigned person shall hereafter be referred to as the "Participant." The participant understands that starting a practice prior to contract approval causes the practice to be ineligible for program financial assistance. The participant will obtain the landowner's signature on the contract or provide written authorization to install structural practices.

The Participant agrees not to start any financially assisted practice or activity or engage the reimbursable services of a certified Technical Service Provider before a Contract is executed by CCC. The Participant may request, in writing, a waiver of this requirement for financially assisted practices by the NRCS State Conservationist.

All participants that certify eligibility as a Limited Resource Farmer or Rancher or Beginning Farmer will provide all records necessary to justify their claim as requested by a NRCS representative. It is the responsibility of the participant to provide accurate data to support all items addressed in this application at the request of NRCS. False certifications are subject to criminal and civil fraud statutes.

The Participant acknowledges that highly erodible land conservation/wetland conservation, adjusted gross income certifications, and member information for entities and joint operations are on file with the appropriate USDA Service Center Agency.

11. Yes No I've read the appropriate program appendix.

Applicant Signature	Date

NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its program 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, genetic information, political beliefs, 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, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of Discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). This information is used to track contract or agreement progress. The authority for requesting the following information is 7 CFR 701 (ACP); 7 CFR 1410 (CRP); 7 CFR 702 (CRSCP); 7 CFR 624 (EWP); 7 CFR 631 (GPCP); 7 CFR 701 (FIP); 7 CFR 631 and 702 (IEQIP); 7 CFR 632 (RAMP); RC& D; 7 CFR 634 (RCWP); 7 CFR 752 (WBP); 7 CFR 636 (WHIP); WQIP; 7 CFR 622 (WPFPP); and 7 CFR 1467 (WRP). Furnishing information is voluntary and will be confidential; however, it is necessary in order to receive assistance.