

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

OMB No. 0578-0013

U. S. DEPARTMENT OF AGRICULTURE 2. Page \_\_\_\_\_ of \_\_\_\_\_

## CONSERVATION PLAN SCHEDULE OF OPERATIONS

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3. NAME			4. COUNTY		5. STATE	6. CONTRACT OR AGREEMENT NO.					7. TOTAL ACRES UNDER CONTRACT					
ITEM NO.	FIELD	PLANNED CONSERVATION TREATMENT (Record of Decisions)	ESTIMATED AMOUNT (UNITS)	COST BASIS \$	COST SHARE OR PAYMENT RATE %	COMPLETION SCHEDULE AND ESTIMATED COST-SHARE OR PAYMENT BY YEAR (For Non-Cost Share Items Show Units)										REF. NO.
						14	15	16	17	18	19	20	21	22	23	
						Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	
8	9	10	11	12	13	24	25	26	27	28	29	30	31	32	33	34
		<b>A. Total Cost-Share or Payment by Year</b>														
		<b>B. Total Contract Payment:</b>														

**NOTES:**

- A. All items numbered in column 8 on form AD-1155 must be carried out as a part of this contract to prevent violation.
- B. When established, the conservation practices listed in column 8 must be maintained by the participant at no cost to the government.
- C. Enter total cost per unit in column 12 on form AD-1155 unless the method of cost-share is flat rate. When flat rate, enter the amount per unit to be paid to the participant.
- D. All cost share rates in column 13 are based on average cost with the following exceptions:
  - AA = Actual costs not to exceed average cost.
  - FR = Flat rate.
  - NC = Non cost-shared.
  - AM = Actual cost not to exceed a specified maximum.
  - AP = Annual payment.
- E. Modifications will be referenced by the number in column number 34 on form AD-1155.
- F. By signing, the participant acknowledges receipt of this conservation plan including form AD-1155 and this form AD-1155A and agrees to comply with the terms and conditions hereof.

**35. CERTIFICATION OF PARTICIPANTS**

A. SIGNATURE	B. Date	C. SIGNATURE	D. Date	E. SIGNATURE	F. Date
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**36. SIGNATURES OF REVIEWING OFFICIALS**

A. District Conservationist – Technical Adequacy Certification  SIGNATURE	B. Date	C. APPROVED BY (Conservation District Representative)  SIGNATURE	D. Date
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OMB DISCLOSURE STATEMENT

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