

<b>CCC-1245</b> (04-24-02)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	1. State and County Code	2. Control Number (Fiscal Year & Number)
<b>PRACTICE APPROVAL AND PAYMENT APPLICATION</b>			

3. Farm and Tract Number(s)	4. Name, Address and Telephone No. <i>(including area code)</i>	5A. Farmland  5B. Cropland
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6. Program Code	7. Fund Code	8. Contract Number	9. Livestock (Y or N)	10. EXPIRATION NOTICE Practice must be completed & reported by:
				11. ID Number:

You are approved to perform the practice shown below for the farm and contract identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify Commodity Credit Corporation.

12. Practice Location:

13. Number A.	Practice Title B.	Extent Approved C.	Rate (\$) D.	Cost-Share or Incentive Approved (\$) E.	Extent Performed F.	Cost-Share or Incentive Earned (\$) G.

14. Actual Cost & Performance Data:	15. Performance Report
A. Total Install. Cost (\$)	B. Date Performed (MM-DD-YYYY)

This practice has been performed to the extent shown in Item 13F and meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in Item 15.	16. Technician's Signature	Date
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**17. INSTRUCTIONS TO PARTICIPANTS:**  
 To receive payment or credit for any cost-share or incentive earned on this practice, report performance in Col. F of 13 and complete Items 18 and 19 below; date and sign the certification below, and file with the issuing office by the date noted in Item 10.

18. Did you bear all the expense (except for program cost-sharing) for performing this practice? (If "NO", report name(s) and address(es) of other person(s) or agency who bore any part of the expenses. Also show kind, extent and value of their contribution.)  YES <input type="checkbox"/> NO <input type="checkbox"/>	20. Total Cost-Share or Incentive Earned	\$
	21. Payment Advance (Partial Payment)	\$
	22. Offset	\$
	23. Claim or Receivable	\$
	24. Net Payment	\$

19. During the current fiscal year Oct. 1 - Sep. 30, have you received or will you receive a cost-share or incentive payment under the same program on this or any other farm other than through this CCC-1245? (If "YES", report State, County, and amount by farm.)  YES <input type="checkbox"/> NO <input type="checkbox"/>	25. Payment Approved <i>(Initials)</i>
26. Check or Direct Deposit Number	

**CERTIFICATION BY PARTICIPANT:** I certify that the above information is true and correct. I further certify that the entry in Col. F shows that the practice was performed in accordance with the practice specifications and other program requirements. 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 this practice for at least \_\_\_\_\_ years following the year the practice is completed. I agree to refund all or part of the cost-share/incentive assistance paid to me, as determined by the Approving Official, if before expiration of the practice lifespan specified above, I (a) destroy the practice installed, or (b) voluntarily relinquish control or title to the land on which the installed practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its specified lifespan.

27. Signature	Date
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## PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR 1466 (EQIP) and 7 U.S.C. 1524(b) (AMA). The information will be used to allow the participant to submit performance data, including certain receipts and/or sales documents, in order to claim Federal cost-share or incentive on practices installed on his or her farm or ranch under the program. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in the participant being unable to receive program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Agriculture, Clearance Officer, OIRM (OMB No. 0560-0174), Stop 7630, Washington, D.C. 20250-7630. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OR NRCS OFFICE.**

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