



**12. APPLICATION INFORMATION** **EMERGENCY PROGRAMS ONLY**

|                 |                 |                   |                         |                       |                |                |
|-----------------|-----------------|-------------------|-------------------------|-----------------------|----------------|----------------|
| A. Program Code | B. Program Year | C. ST. & CO. Code | D. Hydrologic Unit Code | E. Application Number | F. Contract ID | G. Disaster ID |
|-----------------|-----------------|-------------------|-------------------------|-----------------------|----------------|----------------|

**13. PRACTICES REQUESTED AND NEEDED**

| A.<br>Farm No. | B.<br>Tract No. | C.<br>Field No. | D.<br>Practice Control No. | E.<br>Primary Purpose Code | F.<br>Practice Units | G.<br>Practice Extent Requested | H.<br>Practice Extent Needed | I.<br>Requested Cost-Share Rate and Type | J.<br>Requested Cost-Share |
|----------------|-----------------|-----------------|----------------------------|----------------------------|----------------------|---------------------------------|------------------------------|--|----------------------------|
|                |                 |                 |                            |                            |                      |                                 |                              |  |                            |
|                |                 |                 |                            |                            |                      |                                 |                              |  |                            |
|                |                 |                 |                            |                            |                      |                                 |                              |  |                            |

K. TOTALS:

**14. COMPONENTS REQUESTED AND NEEDED**

| A.<br>Farm No. | B.<br>Tract No. | C.<br>Field No. | D.<br>Practice Control No. | E.<br>Component No. | F.<br>Component Title | G.<br>Component Units | H.<br>Component Extent Requested | I.<br>Component Extent Needed | J.<br>Requested Cost-Share Rate and Type | K.<br>Requested Cost-Share |
|----------------|-----------------|-----------------|----------------------------|---------------------|-----------------------|-----------------------|----------------------------------|-------------------------------|--|----------------------------|
|                |                 |                 |                            |                     |                       |                       |                                  |                               |  |                            |
|                |                 |                 |                            |                     |                       |                       |                                  |                               |  |                            |
|                |                 |                 |                            |                     |                       |                       |                                  |                               |  |                            |
|                |                 |                 |                            |                     |                       |                       |                                  |                               |  |                            |
|                |                 |                 |                            |                     |                       |                       |                                  |                               |  |                            |

**15. TECHNICAL PRACTICES PLANNED**

| A.<br>Farm No. | B.<br>Tract No. | C.<br>Field No. | D.<br>Practice Control No. | E.<br>Technical Practice Code | F.<br>Technical Practice Title | G.<br>Technical Practice Units | H.<br>Technical Practice Cost-Shared                     | I.<br>Technical Practice Extent Planned |
|----------------|-----------------|-----------------|----------------------------|-------------------------------|--------------------------------|--------------------------------|--|---|
|                |                 |                 |                            |                               |                                |                                | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |
|                |                 |                 |                            |                               |                                |                                | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |
|                |                 |                 |                            |                               |                                |                                | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |

|                                |   |            |                   |                            |                     |                           |                       |
|--------------------------------|---|------------|-------------------|----------------------------|---------------------|---------------------------|-----------------------|
| <b>16. Needs Determination</b> | A.<br>Signature of Technical Service Provider | B.<br>Date | C.<br>Affiliation | D.<br>Practice Control No. | E.<br>Date Referred | F.<br>Referral Expiration | G.<br>Needs Statement |
|                                |   |            |                   |                            |                     |                           |                       |
|                                |   |            |                   |                            |                     |                           |                       |



**3. APPLICATION INFORMATION**

**EMERGENCY PROGRAMS ONLY**

|                 |                 |                   |                       |                |                |
|-----------------|-----------------|-------------------|-----------------------|----------------|----------------|
| A. Program Code | B. Program Year | C. ST. & CO. Code | D. Application Number | E. Contract ID | F. Disaster ID |
|-----------------|-----------------|-------------------|-----------------------|----------------|----------------|

**4. ADDITIONAL APPLICANTS**

*I (We) request cost-share assistance under the program to meet the objective(s) described above. I agree that the practice(s) on this request would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice(s) requested. I agree to refund all or part of the funds paid to me, as determined by the Approving Official, if, before expiration of the specified practice lifespan(s) I, (a) destroy the approved practice(s), or (b) voluntarily relinquish control or title to, the land on which the approved practice 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 the lifespan(s). I understand that if I begin the practice before receiving written approval I may be denied funding.*

|   |                        |   |   |   |                    |  |                          |
|---|------------------------|---|---|---|--------------------|--|--------------------------|
| A(1) Applicant's Name, Address and Telephone Number | (2) Percent Share<br>% | (3) Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (4) Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (5) Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (6) Signature (By) | (7) Title/Relationship of the Individual If Signing in a Representative Capacity | (8) Date<br>(MM-DD-YYYY) |
| B(1) Applicant's Name, Address and Telephone Number | (2) Percent Share<br>% | (3) Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (4) Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (5) Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (6) Signature (By) | (7) Title/Relationship of the Individual If Signing in a Representative Capacity | (8) Date<br>(MM-DD-YYYY) |
| C(1) Applicant's Name, Address and Telephone Number | (2) Percent Share<br>% | (3) Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (4) Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (5) Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (6) Signature (By) | (7) Title/Relationship of the Individual If Signing in a Representative Capacity | (8) Date<br>(MM-DD-YYYY) |
| D(1) Applicant's Name, Address and Telephone Number | (2) Percent Share<br>% | (3) Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (4) Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (5) Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (6) Signature (By) | (7) Title/Relationship of the Individual If Signing in a Representative Capacity | (8) Date<br>(MM-DD-YYYY) |
| E(1) Applicant's Name, Address and Telephone Number | (2) Percent Share<br>% | (3) Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (4) Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (5) Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (6) Signature (By) | (7) Title/Relationship of the Individual If Signing in a Representative Capacity | (8) Date<br>(MM-DD-YYYY) |
| F(1) Applicant's Name, Address and Telephone Number | (2) Percent Share<br>% | (3) Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (4) Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (5) Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (6) Signature (By) | (7) Title/Relationship of the Individual If Signing in a Representative Capacity | (8) Date<br>(MM-DD-YYYY) |
| G(1) Applicant's Name, Address and Telephone Number | (2) Percent Share<br>% | (3) Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (4) Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (5) Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (6) Signature (By) | (7) Title/Relationship of the Individual If Signing in a Representative Capacity | (8) Date<br>(MM-DD-YYYY) |
| H(1) Applicant's Name, Address and Telephone Number | (2) Percent Share<br>% | (3) Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (4) Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (5) Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | (6) Signature (By) | (7) Title/Relationship of the Individual If Signing in a Representative Capacity | (8) Date<br>(MM-DD-YYYY) |

| 5 APPLICATION INFORMATION |                 |                   |                       |                |                | EMERGENCY PROGRAMS ONLY |  |
|---------------------------|-----------------|-------------------|-----------------------|----------------|----------------|-------------------------|--|
| A. Program Code           | B. Program Year | C. ST. & CO. Code | D. Application Number | E. Contract ID | F. Disaster ID |                         |  |

| 6. PRACTICES REQUESTED AND NEEDED |              |              |                         |                         |                   |                              |                           |                                       |                         |
|-----------------------------------|--------------|--------------|-------------------------|-------------------------|-------------------|------------------------------|---------------------------|---------------------------------------|-------------------------|
| A. Farm No.                       | B. Tract No. | C. Field No. | D. Practice Control No. | E. Primary Purpose Code | F. Practice Units | G. Practice Extent Requested | H. Practice Extent Needed | I. Requested Cost-Share Rate and Type | J. Requested Cost-Share |
|                                   |              |              |                         |                         |                   |                              |                           |                                       |                         |
|                                   |              |              |                         |                         |                   |                              |                           |                                       |                         |
|                                   |              |              |                         |                         |                   |                              |                           |                                       |                         |

| 7. COMPONENTS REQUESTED AND NEEDED |              |              |                         |                  |                    |                    |                               |                            |                                       |                         |  |
|------------------------------------|--------------|--------------|-------------------------|------------------|--------------------|--------------------|-------------------------------|----------------------------|---------------------------------------|-------------------------|--|
| 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 Requested | I. Component Extent Needed | J. Requested Cost-Share Rate and Type | K. Requested Cost-Share |  |
|                                    |              |              |                         |                  |                    |                    |                               |                            |                                       |                         |  |
|                                    |              |              |                         |                  |                    |                    |                               |                            |                                       |                         |  |
|                                    |              |              |                         |                  |                    |                    |                               |                            |                                       |                         |  |
|                                    |              |              |                         |                  |                    |                    |                               |                            |                                       |                         |  |
|                                    |              |              |                         |                  |                    |                    |                               |                            |                                       |                         |  |

| 8. TECHNICAL PRACTICES PLANNED |              |              |                         |                            |                             |                             |  |                                      |  |
|--------------------------------|--------------|--------------|-------------------------|----------------------------|-----------------------------|-----------------------------|--|--------------------------------------|--|
| 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 |  |
|                                |              |              |                         |                            |                             |                             | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                      |  |
|                                |              |              |                         |                            |                             |                             | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                      |  |
|                                |              |              |                         |                            |                             |                             | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                      |  |

| 9. Needs Determination | A. Signature of Technical Service Provider | B. Date | C. Affiliation | D. Practice Control No. | E. Date Referred | F. Referral Expiration | G. Needs Statement |
|------------------------|--|---------|----------------|-------------------------|------------------|------------------------|--------------------|
|                        |  |         |                |                         |                  |                        |                    |
|                        |  |         |                |                         |                  |                        |                    |
|                        |  |         |                |                         |                  |                        |                    |