

515.133 CCC-1245, Practice Approval & Payment Application

CCC-1245 (07-17-97)		U.S. DEPARTMENT OF AGRICULTURE COMMODITY CREDIT CORPORATION PRACTICE APPROVAL AND PAYMENT APPLICATION			FORM APPROVED OMB NO. 0560-0174	
		1. State & County Code		2. Control Number (Fiscal Year & Number)		
		FSA		FSA		
3. Farm and Tract Number(s)		4. Name, Address and Telephone Number			5. Farmland	
FSA		FSA			Cropland FSA	
6. Program Code	7. Fund Code	8. Contract Number	9. Livestock (Y or N)	10. EXPIRATION NOTICE Practice must be completed & reported by:		
FSA	FSA	FSA	FSA	FSA		
				11. ID Number		
				FSA		
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 Incentive Approved E	Extent Performed F
FSA	FSA		FSA	Blank	FSA	NRCS
						Cost-Share Incentive Earned G
						NRCS
14. Actual Cost & Performance Data			15. Performance Report			
a. Total Install. Cost		b. Date Performed				
Producer		Producer		NRCS		
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	
			NRCS		NRCS	
17. INSTRUCTIONS TO PARTICIPANT: 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 & 19 below; date and sign the certification below, and file with the issuing office by the date noted in BLOCK 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.)				20. Total Cost-Share / Incentive Earned		NRCS
YES <input type="checkbox"/> NO <input type="checkbox"/> Producer				21. Payment Advance (Partial Payment)		NRCS
				22. Offset		FSA
				23. Claim/Receivable		FSA
				24. Net Payment		FSA
19. During the current fiscal year Oct. 1 - Sep. 30, have you received or will you receive a cost-share / 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).				25. Payment Approved (Initials)		NRCS - Sign Full Name
YES <input type="checkbox"/> NO <input type="checkbox"/> Producer				26. Check/Direct Deposit Number		FSA
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	
Producer					Producer	

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