

Sample electronically completed AD-1161 continuation sheet

1. To be completed by NRCS; check appropriate box. This transaction is for CCC This transaction is for NRCS OMB No. 0578-0018

U. S. DEPARTMENT OF AGRICULTURE APPLICATION FOR PAYMENT Information is needed from form AD-1155, Conservation Plan Schedule of Operations, to complete this form. Penalty for false statement or entries – fine of not more than \$10,000 or imprisonment of not more than five years, or both (18 USC 1001)		2. STATE OkLahoma	3. PROGRAM NAME WHIP
		4. AGREEMENT or CONTRACT NO. 72-7335-X-XXXX	5. PAYMENT APPLICATION NO. 1
		6. LOCATION CODE NO. 40103	7. COUNTY Noble

8. SPECIFIED CONSERVATION PRACTICES PERFORMED										
Line	A. Agreement or Contract Item No.	B. Field	C. Practice and Identifiable Unit	D. Date Started	E. Date Completed	F. Practice Units Completed	G. Extent	H. Average Cost \$	I. Cost Share %	J. Amount Earned \$
1	6	3	(342) (GBGS)	05-05-2003	05-05-2003	AC	3.9	\$90.00	75.00	\$263.25
2	7	3	(590) (FTCA)	05-05-2003	05-05-2003	AC	3.9	\$40.00	75.00	\$117.00
3	8	3	(614) (FPT)	04-04-2003	05-05-2003	BACH	1	\$1,000.00	75.00	\$750.00
4	9	3	(382) (FENCA)	05-05-2003	06-06-2003	LF	6313	\$1.40	75.00	\$6,628.65
5										

9. OTHER PROGRAM PAYMENTS (APPRAISAL, SURVEY, EASEMENT PAYMENT, ETC.)										
1	Type of cost share changed from AA to average cost (AC). Calculations are completed based on approved average costs effective the start date of the practices.									
2										
3										
4										
5										

10. TOTAL EARNED:

11. DIVISION OF COST SHARE										
A. Did the participant contribute to the cost share?	B. SS	TIN	C. Name	D. Address	E. Signature	F. Date	G. Tax Identification No.	H. SS	TIN	I. Name
	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	
<p>This statement applies to all contracts that are set up as AA and have not been modified to the AC (average cost) basis. If needed, this statement will have to be MANUALLY entered (either by hand or typewritten) on the payment document. With this statement included on the payment application, with his/her signature, the participant signifies acceptance of this change.</p>							<p>Cut off continuation sheet(s) above Block 10. and attach to the front of the full pages with signatures</p>			
C. Deductible							LINE (1)	% SHARE (2)	PAYMENT SHARE (3)	
D. Debts due the Federal Government							J.			
E. State and Federal aid							K.			
F. Other							L.			
G. Net payment due participant							M.			
							N.			

12. PARTICIPANTS' CERTIFICATIONS
I (We) certify that the above information is true and correct; and that the identifiable unit(s) for which Federal cost share is requested are carried out and performed in accordance with the specifications and provisions of the above-numbered agreement/contract; that if more than one person contributed to the carrying out of the identifiable unit(s), as shown above, the cost share will be divided in proportion of the extent which they contributed to the carrying out of the identifiable unit(s). I (We) also certify that this application contains no duplication of payment under any other program of the U.S. Department of Agriculture.

PARTICIPANT 1				PARTICIPANT 2			
A. Tax Identification No.	B. SS	TIN	C. Name	G. Tax Identification No.	H. SS	TIN	I. Name
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
D. Address				J. Address			
E. Signature				K. Signature		L. Date	

OMB DISCLOSURE STATEMENT
According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0578-0018. The time required to complete this information collection is estimated to average 35 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 information.

PRIVACY ACT STATEMENT
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