

<p align="center">CONSERVATION ACTIVITY APPROVAL AND PAYMENT APPLICATION FOR ACQUISITION OF RCPP ENTITY-HELD EASEMENTS (EASEMENT PAYMENT APPLICATION)</p> <p>Information is needed from Form NRCS-CPA-1276, "RCPP Entity-held easement Parcel Cost-Share Contract" and Form NRCS-CPA-1277 "Schedule of Acquisition for RCPP Entity-held easements," or the most recent Form NRCS-CPA-1278, "Modification of the Schedule of Acquisition for RCPP Entity-held easements," to complete this form.</p> <p>NRCS must complete Sections 1, 4, 5 and 6 of the Easement Payment Application and return to the Eligible Entities for verification and signatures. Once all Eligible Entities have signed in Section 2, the State Conservationist may sign in Section 3.</p> <p align="center">Penalty for false statement or entities.</p>	Lead Eligible Entity (Participant):		State:		
	RCPP Programmatic Partnership Agreement Number:				
	RCPP Program Agreement Number:		Parcel Contract Number:		
	Easement Payment Application Number:		Ranking Pool Name:		
	RCPP Project Type <i>(Check One)</i>	<input type="checkbox"/> RCPP Classic <input type="checkbox"/> Alternative Funding Arrangement (AFA)	Transaction Type <i>(Check One)</i>	<input type="checkbox"/> Standard Transaction <input type="checkbox"/> Buy-Protect-Sell Transaction	
	Payment Type <i>(Select One)</i>	<input type="checkbox"/> Advance <i>(Standard Transactions Only)</i> <input type="checkbox"/> Reimbursement	US Right of Enforcement (ROE) in RCPP conservation easement deed <i>(Select One)</i>	<input type="checkbox"/> US ROE included <input type="checkbox"/> No US ROE	

SECTION 1: CONSERVATION ACTIVITY PERFORMED

Contract Item	Practice Code and Name	Completion of "Preliminary Certificate of Inspection and Possession," NRCS-LTP-27 <i>(Enter date signed by NRCS)</i>	"NRCS Approval Letter to Proceed with the RCPP Entity-held easement Acquisition" <i>(Enter date of letter from NRCS)</i>	Completion of "Statement to Confirm Matching Funds," (e.g., NRCS-CPA-1279) <i>(Enter date signed by NRCS)</i>	Closing Date <i>(For Advances: Enter Planned Closing Date</i> <i>For Reimbursements: Enter Date Conservation Easement Deed signed by last party to the Deed)</i>	Final Easement Acres	Federal Share Payment Amount
Total						\$	

Notes:	
Conservation Activity Certification: The conservation activity performed to the extent shown above, meets program and activity requirements and all required documents have been submitted.	
Item	Description of Requirement: The following items must be attached to this Easement Payment Application.
1	A copy of the final RCPP conservation easement deed with all exhibits; if a reimbursement is requested, then the deed must be a copy of the recorded document and include a recording receipt.
2	Completed the "Statement to Confirm Matching Funds" form provided by NRCS (e.g., Form NRCS-CPA-1279)
3	If applicable, a copy of the RCPP easement plan signed by the landowner and the eligible entity, if applicable. (Note: Required for all highly and moderately restrictive easements or for easements where funding was conditional upon an RCPP easement plan; optional for minimally restrictive easements.)
4	A copy of the baseline documentation report signed by the eligible entity.
5	If request for reimbursement of the Federal share, a copy of the American Land Title Association (ALTA) title insurance policy.
6	<p>If a request for an advance of the Federal share (standard transactions only):</p> <ul style="list-style-type: none"> • A complete and signed copy of the "NRCS Closing Agent Requirements." • A copy of the ALTA title commitment. • Buyer's and seller's settlement statements prepared and signed by the closing agent. • Evidence of liability insurance coverage or indemnification in an amount at least equal to the Federal funds provided as cost share for the purchase of the RCPP entity-held easement, providing for reimbursement to the insured party for any loss of Federal funds caused by fraud, dishonesty, negligence, or failure by the attorneys, closing agents, or closing agents' employees to comply with the written closing instructions.
For Buy-Protect-Sell Transactions Only	
7A	Copy of evidence recorded in the land record that Lead Eligible Entity is a holder of the RCPP entity-held easement.
7B	A completed "Transfer of Ownership Costs Summary Statement" marked "Final," signed by the Qualified Farmer or Rancher Purchaser and Lead Eligible Entity, with all required documents attached.
Certification By: NRCS Reviewing Official Signature	
Date	

SECTION 2. PARTICIPANT CERTIFICATION AND SIGNATURE

CERTIFICATION BY PARTICIPANT(S):
 The undersigned eligible entities certify that they have participated in the Regional Conservation Partnership Program (RCP) in accordance with all program requirements and the terms and conditions of the above-referenced RCP Programmatic Partnership Agreement, Program Agreement, and RCP Entity-Held Easement Parcel Cost-Share Contract. The undersigned eligible entities will hereafter be referred to as the “participants.”

The participants certify that they have received NRCS approval of the appraisal and that they are acquiring or have acquired an RCP entity-held easement on land with clear title using a RCP conservation easement deed that has been reviewed and approved by NRCS.

The participants certify that they are currently registered in the System for Award Management (SAM) and are providing a valid Unique Entity Identifier (UEI) on this Easement Payment Application. NRCS will not disburse funds for an RCP entity-held easement until all applicable SAM requirements have been met.

The participants certify that highly erodible land conservation/wetland conservation, adjusted gross income certifications, if applicable, and member information for each landowner of record is current and on file with the appropriate USDA service center agency.

It is the responsibility of the participants to provide accurate information to support all items addressed in this Easement Payment Application. False certifications are subject to criminal and civil fraud statutes.

The participants certify that the above information is true and correct. Participants further certify that the entry in “Final Easement Acres” above shows that the conservation activity was performed in accordance with the program requirements and conservation activity specifications. Participants hereby apply for payment to the extent that the NRCS approving official has determined that the conservation activity has been performed.

Signature of Lead Eligible Entity Authorized Representative:	Date:
Signature of Eligible Entity Authorized Representative	Date:
Signature of Eligible Entity Authorized Representative	Date:

SECTION 3. NRCS APPROVING OFFICIAL CERTIFICATION

Pursuant to authority vested in me, I certify that the items listed herein are correct and hereby approved for payment from the fund designated on supporting data records.

NRCS State Conservationist Signature	Date
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SECTION 4. PAYMENT SUMMARY

Payment Amounts Owed to Individual Eligible Entities (Participants);

Eligible Entities (Participants) - Enter information only for those eligible entities that will receive payment of the Federal share; - Do not enter eligible entities that have a 0% payment share.	Tax Identification Number	SAM Unique Entity ID (UEI)	Payment Share Percentage - as identified in Form NRCS-CPA-1277 or as updated in Form NRCS-CPA-1278 - Total must equal 100%	Payment Amount Owed to Each Participant - Payment share applied to total Federal share payment amount identified in section 1 above
1.			%	\$
2.			%	\$
3.			%	\$
4.			%	\$
Total			%	\$

SECTION 5. PAYMENT DISTRIBUTION AND ASSIGNMENTS

Identify the distribution of the payment amount owed to each eligible entity (participant) as identified in section 4, complete one table for each eligible entity identified above.

Participant may assign all or a portion of the payment amount owed as follows:

- To the closing agent as identified in the "NRCS Closing Agent Requirements," attached to this Easement Payment Application
- To an assignee as designated on a completed Form CCC-36, "Assignment of Payment," attached to this Easement Payment Application

TABLE 1	Eligible Entity (Participant) Name			Total Payment Amount Owed to Eligible Entity \$
Enter information below only if all or a portion of the payment is being issued directly to the Eligible Entity				
Eligible Entity Account				Direct Payment Amount to Eligible Entity \$
Enter information below only if all or a portion of the payment is being assigned				
Assignee Name	Assignee Tax Identification Number	Source of Assignee Account, Address, and Acknowledgment <i>(Check One)</i>		Assignment Amount
		Attached NRCS Closing Agent Instructions	Attached CCC-36	
				\$
				\$
				\$
Total of Direct Payment and Assignment Amounts <i>(must equal the "Total Payment Amount Owed" to the Eligible Entity identified in this box)</i>				\$

TABLE 2	Eligible Entity (Participant) Name			Total Payment Amount Owed to Eligible Entity \$
Enter information below only if all or a portion of the payment is being issued directly to the Eligible Entity				
Eligible Entity Account				Direct Payment Amount \$
Enter information below only if all or a portion of the payment is being assigned				
Assignee Name	Assignee Tax ID Number	Source of Assignee Account, Address, and Acknowledgment <i>(Check One)</i>		Assignment Amount
		Attached NRCS Closing Agent Instructions	Attached CCC-36	
				\$
				\$
				\$
Total of Direct Payment and Assignment Amounts <i>(must equal the "Total Payment Amount Owed" to the Eligible Entity identified in this box)</i>				\$
TABLE 3	Eligible Entity (Participant) Name			Total Payment Amount Owed to Eligible Entity \$
Enter information below only if all or a portion of the payment is being issued directly to the Eligible Entity				
Eligible Entity Account				Direct Payment Amount \$
Enter information below only if all or a portion of the payment is being assigned				
Assignee Name	Assignee Tax ID Number	Source of Assignee Account, Address, and Acknowledgment <i>(Check One)</i>		Assignment Amount
		Attached NRCS Closing Agent Instructions	Attached CCC-36	
				\$
				\$
				\$
Total of Direct Payment and Assignment Amounts <i>(must Equal the "Total Payment Amount Owed" to the Eligible Entity identified in this box)</i>				\$

TABLE 4	Eligible Entity (Participant) Name			Total Payment Amount Owed to Eligible Entity \$
Enter information below only if all or a portion of the payment is being issued directly to the Eligible Entity				
Eligible Entity Account				Direct Payment Amount \$
Enter information below only if all or a portion of the payment is being assigned				
Assignee Name	Assignee Tax ID Number	Source of Assignee Account, Address, and Acknowledgment <i>(Check One)</i>		Assignment Amount
		Attached NRCS Closing Agent Instructions	Attached CCC-36	
				\$
				\$
				\$
Total of Direct Payment and Assignment Amounts <i>(must Equal the "Total Payment Amount Owed" to the Eligible Entity identified in this box)</i>				\$

PRIVACY ACT STATEMENT

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 522a). Furnishing this information is voluntary; however, failure to furnish correct, complete information will result in the withholding or withdrawal of such technical or financial assistance. The information may be furnished to other USDA agencies, the Internal Revenue Service, the Department of Justice, or other state or federal law enforcement agencies, or in response to orders of a court, magistrate, or administrative tribunal.

This information collection is exempted from the Paperwork Reduction Act under 16 U.S.C. 3801 note and 16 U.S.C. 3846.

NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.