



United States Department of Agriculture



**Steve Tullar**  
**District Conservationist, USDA-NRCS**  
**Monticello, Florida**

# How did it all get started?







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# SOIL CONSERVATION SERVICE CREATED



# SOIL & WATER CONSERVATION DISTRICTS





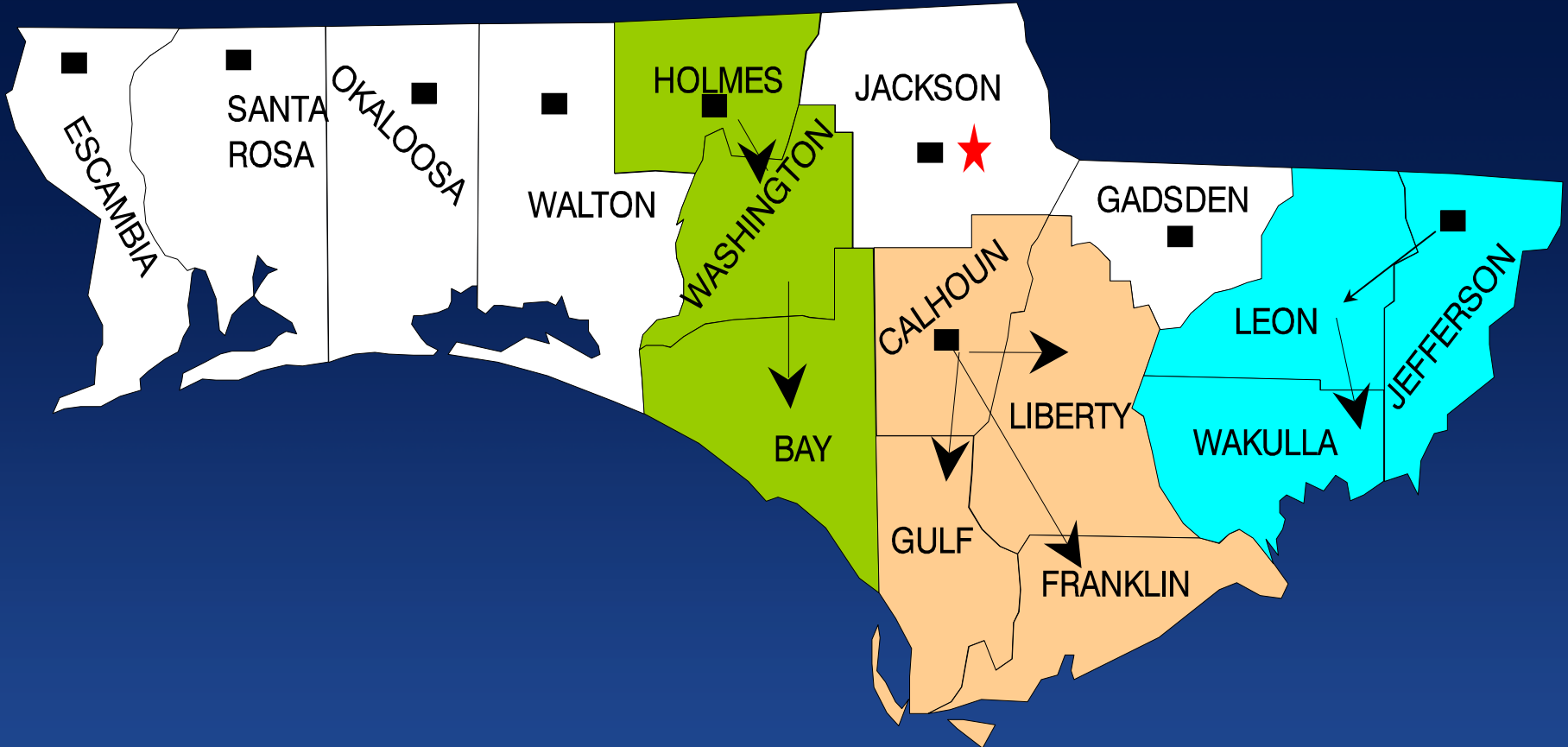
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# Leon Soil and Water Conservation District Supervisors





# AREA 1







# **FORMS OF ASSISTANCE:**

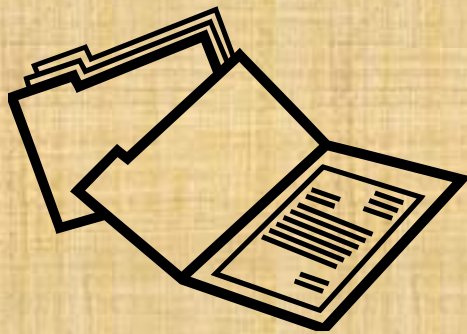
- **Technical-Conservation Planning**
- **Cost Assistance-Farm Bill Programs**
- **Easements-Additional Farm Bill Programs**



# Conservation Planning



**A conservation plan is a technical document designed to address resource concerns**



- **Soil**
- **Water**
- **Air**
- **Plants**
- **Animals**
- **Human Needs**

# EQIP Plan Map

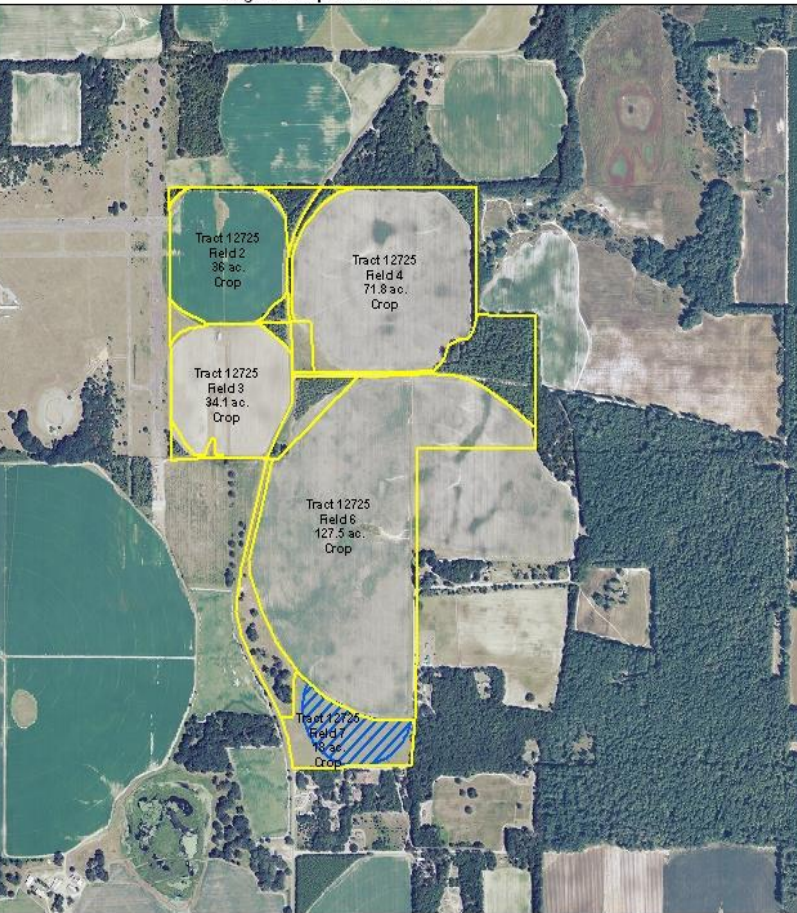
RRY FORD

Field Office: MARIANNA SERVICE CENTER

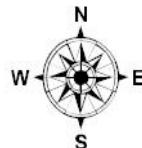
Agency: USDA - NRCS

District: JACKSON SWCD

Legal Description: T7N R9W S29



Prinkler - Center Pivot (442)



## Conservation Plan



### OBJECTIVE(S)

Previous cropland will be managed to provide multiple use benefits for wildlife, water quality, and timber production. See attached Florida Forest Service (FFS) Stand Management Plan for more information.

### Access Control (472)

Livestock will not be permitted in this land unit for the duration of the CRP contract. In addition, there shall be no disturbance of cover during the primary wildlife nesting season March 1-July 15, aside from normal forestry activities. In addition, the harvesting of hay or pine straw is prohibited for the duration of the CRP contract. Follow guidance provided in the CP-1 appendix, and ensure that all activities on this land unit are conducted in a way that minimizes soil erosion impacts. Refer to FL\_472 Job Sheet, and Stand Management Plan for more information.

Tract	Field	Planned Amount	Month	Year	Applied Amount	Date
40779	8	9.3 ac	5	2015		
	Total:	9.3 ac				

### Conservation Cover (327)

Maintain established vegetative cover under the CRP program on land removed from agricultural production. Refer to FL\_327 Job Sheet, and Stand Management Plan for more information.

Tract	Field	Planned Amount	Month	Year	Applied Amount	Date
40779	8	9.3 ac	5	2015		
	Total:	9.3 ac				

### Firebreak (394)

Firebreaks will be established and maintained as shown on the plan map to aid in managing controlled burns and to prevent the spread of wildfire. Plowed firebreaks will be at least 6 ft. wide. Refer to the NRCS 394 Firebreak jobsheet, and Stand Management Plan for more information. This is a customary forestry activity.

Planned	Applied





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# Technical Assistance







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# Soil – Gully Erosion







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# Soils – Conservation Cropping







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# AIR – Wind Erosion







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# AIR – Cover Crop/Soil Health







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# Plants







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# Animals





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# Human



ARK-D5-2G





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# Human





# NRCS Conservation Programs

- Conservation Technical Assistance – CTA
- Environmental Quality Incentive Program – EQIP
- Conservation Stewardship Program – CSP
- Resource Conservation Partnership Program - RCPP





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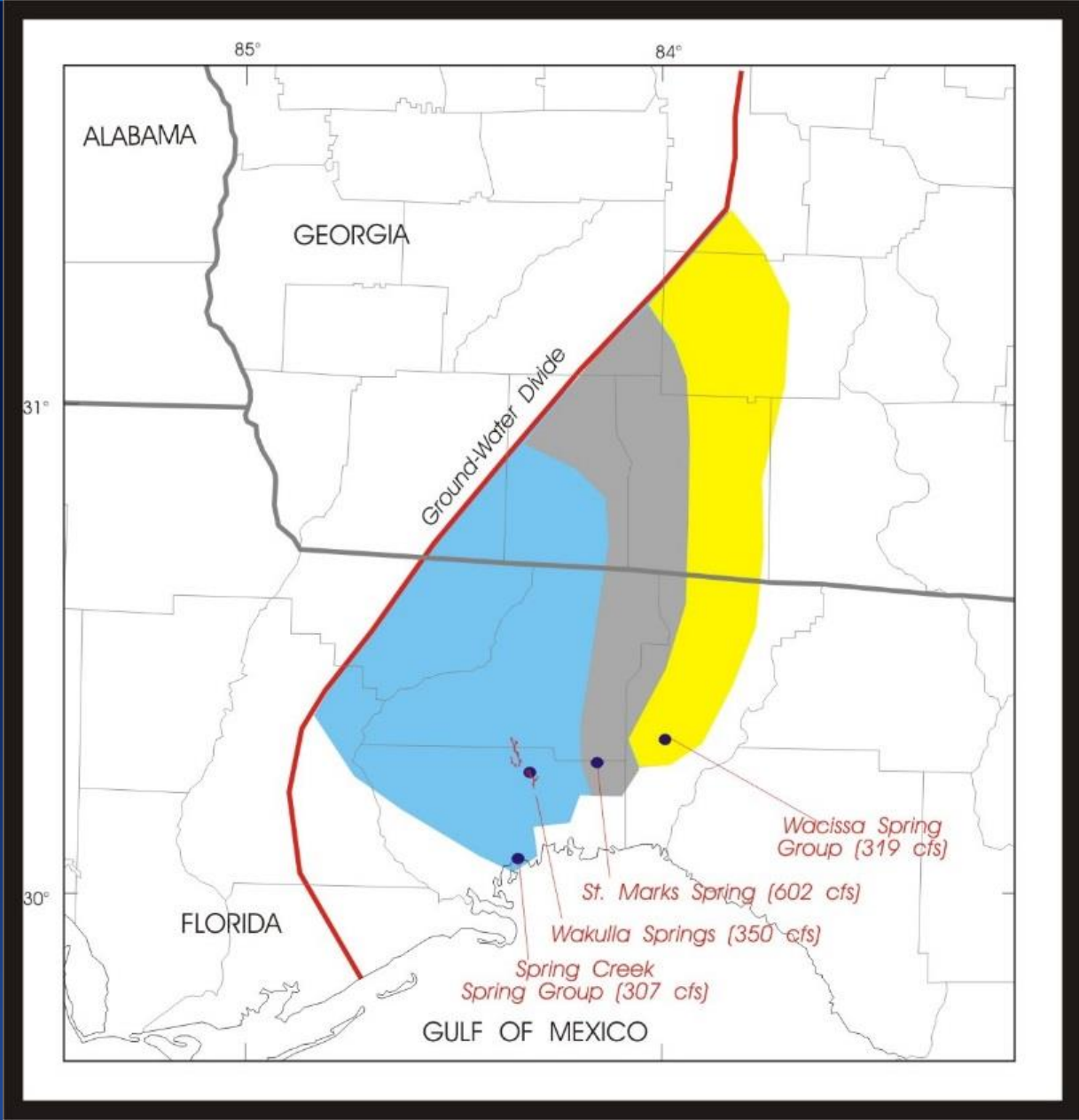






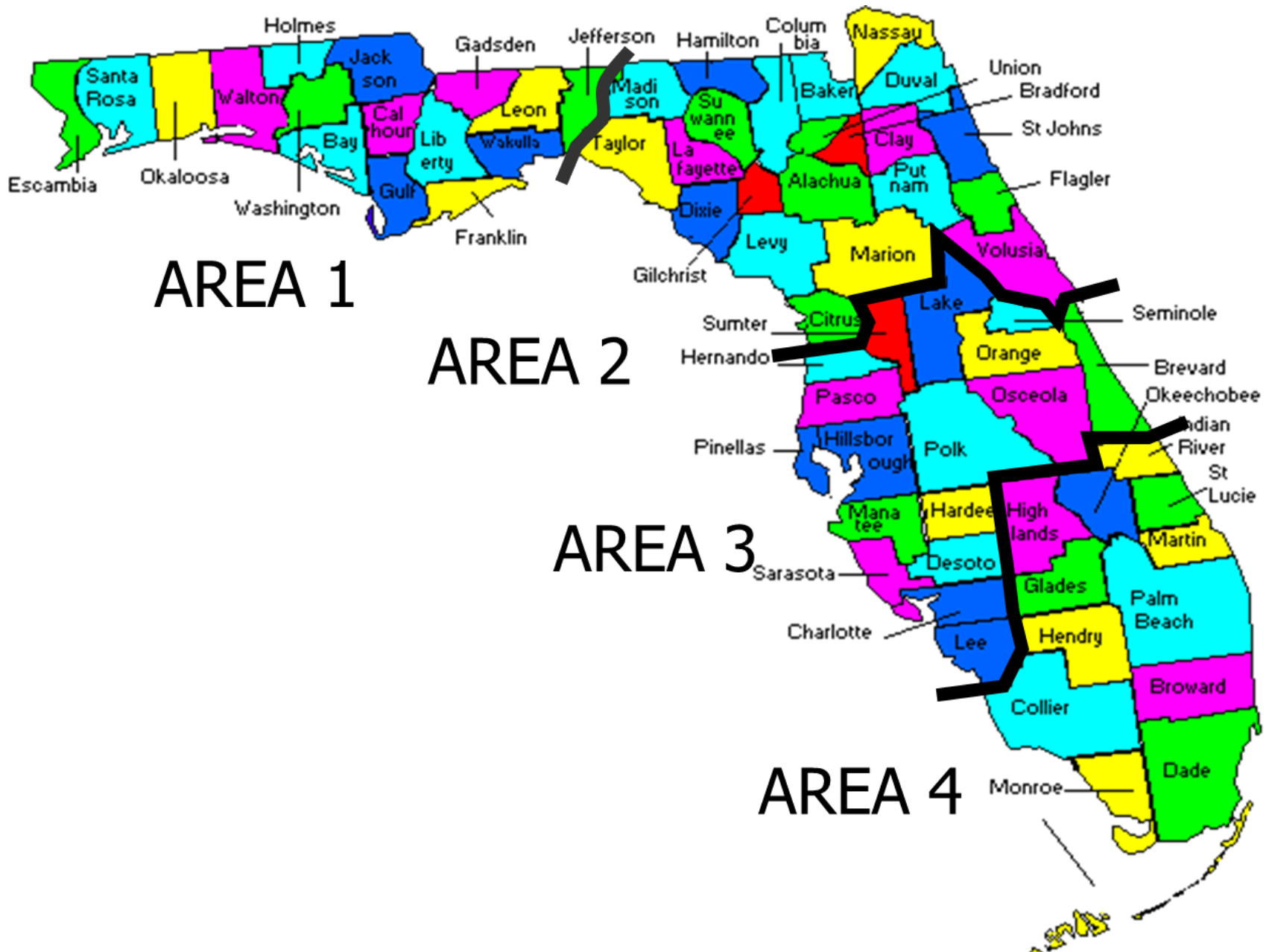
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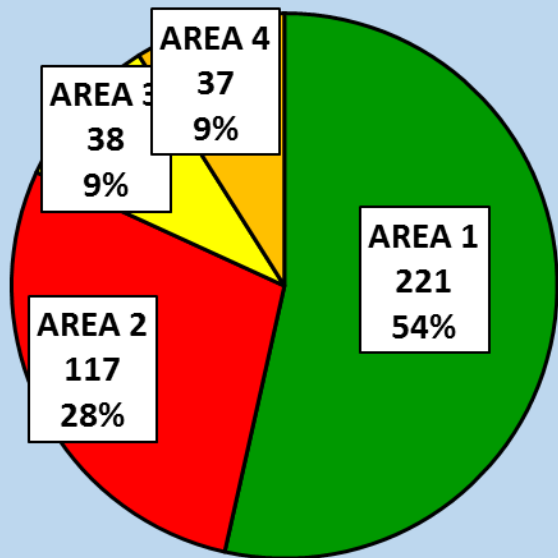




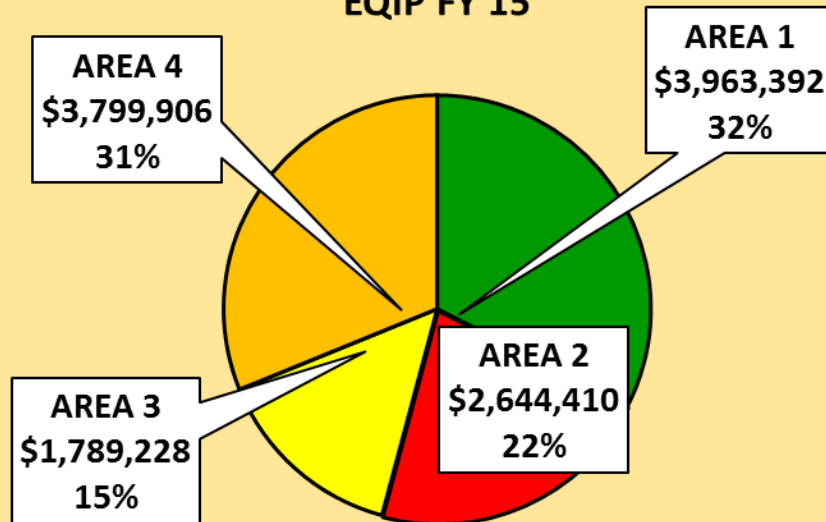
# NRCS TODAY



### NUMBER OF FY15 EQIP CONTRACTS OBLIGATED



### Contracted Dollars EQIP FY 15







# 2016 EQIP-PAYMENT RATE EXAMPLES

Practice Code	Program	Practice	Type	Units	Rate/Unit	Pay Rate
315	EQIP	Herbaceous Weed Control	Chemical Invasive	Ac	\$ 146.64	PR
327	EQIP	Pollinator Habitat	Herbaceous Planting	Ac	\$ 257.93	PR
340	EQIP	Cover Crop-Legume-N Fixation	Herbaceous Plant	Ac	\$ 48.02	PR
386	EQIP	Field Border	Pollinator	Ac	\$ 318.00	PR
512	EQIP	Forage and Biomass	Herbaceous Planting	Ac	\$ 138.81	PR

327	LLPI	Monarch Habitat	Milkweed	Ac	\$ 1,721.95	PR
325	EQIP	High Tunnel System	Contiguous US	Square Foot	\$ 3.40	PR
490	LLPI	Tree/Shrub Site Preparation	Heavy Mechanical + Chemical	Ac	\$ 210.12	PR
612	LLPI	Tree/Shrub Establishment	Medium Density-Hand Plant Conifer Containerized	Ac	\$ 103.84	PR
338	LLPI	Prescribed Burning	High Risk	Ac	\$ 31.24	PR

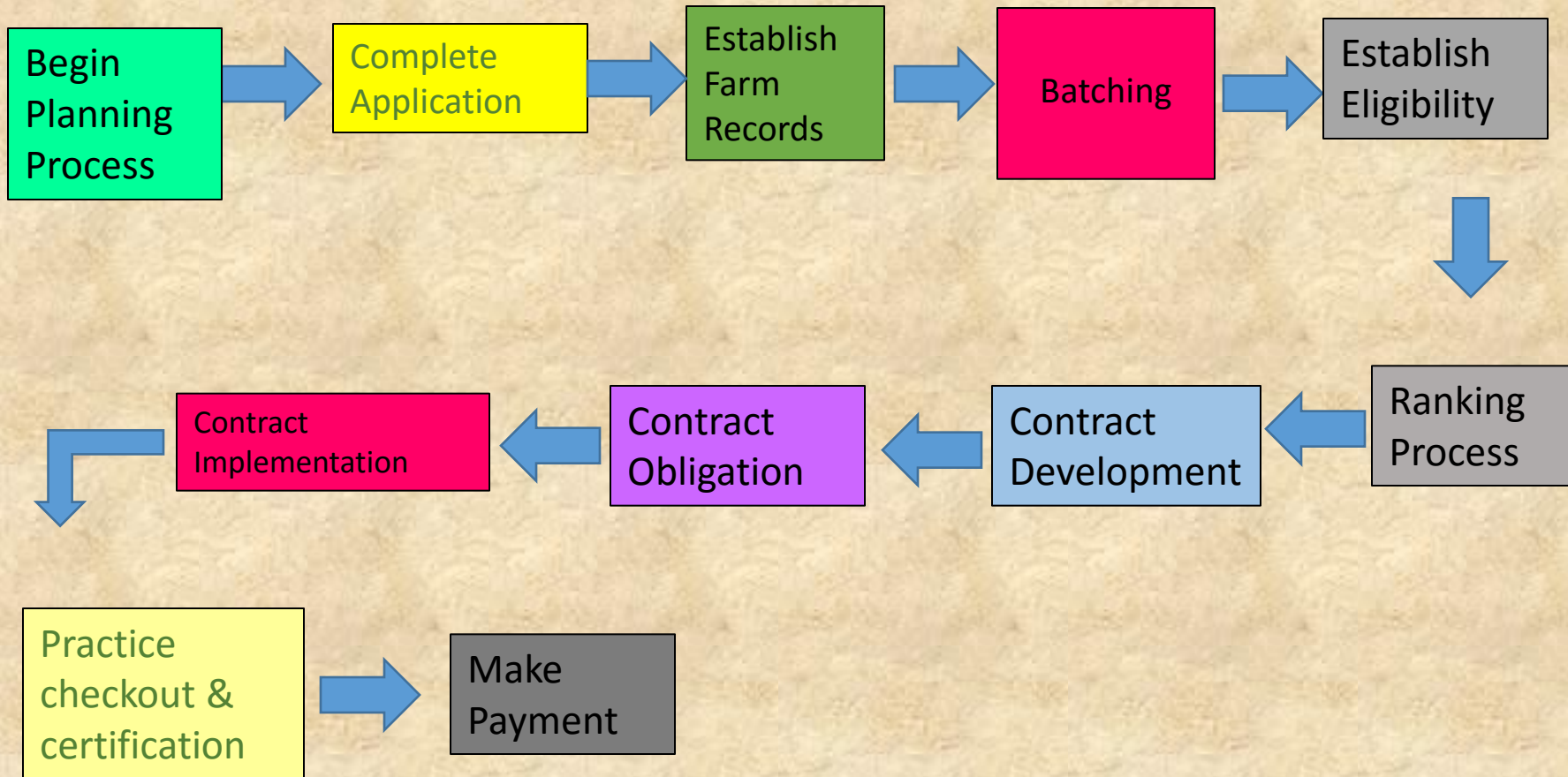


# IMPORTANT POINT!



**PAYMENT RATE  $\neq$   
COST SHARE**

# The Process:



**Typical timeframe from batching to obligation is November-July**



## ELIGIBILITY CHECKLIST FOR NRCS PROGRAM PARTICIPATION

- FSA Civil Rights Form OBM-0019
- SCIMS AD-2047
- Property Deed or Property Appraiser Ownership Map Prop app web
- Highly Erodible Land Conservation and Wetland Certification AD-1026
- Adjusted Gross Income Verification CCC-941
- Direct Deposit Form Applicant same as SCIMS INFO SF-1199a
- VOIDED CHECK VOIDED CHECK
- FSA Farm Operating Plan  
Only portions CCC 902I or E
- Land Lease Agreement (If not owned or if spouse on deed) Generic Lease Agreement
- EQIP Program Application signed in two places CPA-1200
- If owner is LLC or other entity, provide page of Articles of Incorporation  
Articles  
showing signatory authority. DUN and SAM Registration is also  
required. SAM must be updated yearly.

Entities require additional certifications above and beyond those required from individuals





**AD-1026**  
(10-30-14)

**U.S. DEPARTMENT OF AGRICULTURE**  
FarmServiceAgency

**HIGHLY ERODIBLE LAND CONSERVATION (HEL) AND  
WETLAND CONSERVATION (WC) CERTIFICATION**

Read attached AD-1026 Appendix before completing form.		
<b>PART A – BASIC INFORMATION</b>		
1. Name of Producer	2. Tax Identification Number (Last 4 digits)	3. Crop Year 2016
4. Names of affiliated persons with farming interests. Enter "None," if applicable.		
<p><i>Affiliated persons with farming interests must also file an AD-1026. See Item 7 in the Appendix for a definition of an affiliated person.</i></p>		
<p>5. Check one of these boxes if the statement applies; otherwise continue to Part B.</p> <p>A. <input type="checkbox"/> The producer in Part A does not have interest in land devoted to agriculture. Examples include bee keepers who place their hives on another person's land, producers of crops grown in greenhouses, and producers of aquaculture AND these producers do not own/lease any agricultural land themselves. <b>Note:</b> Do not check this box if the producer shares in a crop.</p> <p>B. <input type="checkbox"/> The producer in Part A meets all three of the following:</p> <ul style="list-style-type: none"> <li>• does not participate in any USDA program that is subject to HELC and WC compliance except Federal Crop Insurance.</li> <li>• only has interest in land devoted to agriculture which is exclusively used for perennial crops, except sugarcane, and</li> <li>• has not converted a wetland after February 7, 2014.</li> </ul> <p>Perennial crops include, but are not limited to, tree fruit, tree nuts, grapes, olives, native pasture and perennial forage. A producer that produces alfalfa should contact the Natural Resources Conservation Service at the nearest USDA Service Center to determine whether such production qualifies as production of a perennial crop.</p> <p><b>Note:</b> If either box is checked, and the producer in Part A does not participate in Farm Service Agency (FSA) or Natural Resources Conservation Service (NRCS) programs, the full tax identification number of the producer must be provided, but establishment of detailed farm records with FSA is not required. Go to Part D and sign and date.</p>		
<b>PART B - HELC/WC COMPLIANCE QUESTIONS</b>		
<p>Indicate YES or NO to each question. <i>If you are unsure of whether a HEL determination, wetland determination, or NRCS evaluation has been completed, contact your local USDA Service Center.</i></p>		YES NO
6. During the crop year entered in Part A or the term of a requested USDA loan, did or will the producer in Part A plant or produce an agricultural commodity (including sugarcane) on land for which an HEL determination has not been made?		
7. Has anyone performed (since December 23, 1985), or will anyone perform any activities to:		
A. Create new drainage systems, conduct land leveling, filling, dredging, land clearing, or excavation that has NOT been evaluated by NRCS? If "YES", indicate the year(s): _____		
B. Improve or modify an existing drainage system that has NOT been evaluated by NRCS? If "YES", indicate the year(s): _____		
C. Maintain an existing drainage system that has NOT been evaluated by NRCS? If "YES", indicate the year(s): _____ <b>Note:</b> Maintenance is the repair, rehabilitation, or replacement of the capacity of existing drainage systems to allow for the continued use of wetlands currently in agricultural production and the continued management of other areas as they were used before December 23, 1985. This allows a person to reconstruct or maintain the capacity of the original system or install a replacement system that is more durable or will realize lower maintenance or costs.		
<b>Note:</b> If "YES" is checked for Item 7A or 7B, then Part C must be completed to authorize NRCS to make an HELC/WC and/or certified wetland determination on the identified land. If "YES" is checked for Item 7C, NRCS does not have to conduct a certified wetland determination.		
8. Check one or both boxes, if applicable; otherwise, continue to Part C or D.		
A. <input type="checkbox"/> Check this box only if the producer in Part A has FCIC reinsured crop insurance and filing this form represents the <u>first time</u> the producer in Part A, including any affiliated person, has been subject to HELC and WC provisions.		
B. <input type="checkbox"/> Check this box if either of the following applies to the producer and crop year entered in Part A:		
<ul style="list-style-type: none"> <li>• Is a tenant on a farm that is/will not be in compliance with HELC and WC provisions because the landlord refuses to allow compliance, but all other farms not associated with that landlord are in compliance. (AD-1026B, Tenant Exemption Request, must be completed).</li> <li>• Is a landlord of a farm that is/will not be in compliance with HELC and WC provisions because of a violation by the tenant on that farm, but all other farms not associated with that tenant are in compliance. (AD-1026C, Landlord or Landowner Exemption Request, must be completed).</li> </ul>		
<b>PART C – ADDITIONAL INFORMATION</b>		
9. If "YES" was checked in Item 6 or 7, provide the following information for the land to which the answer applies:		
A. Farm and/or tract/field number: _____ If unknown, contact the Farm Service Agency at the nearest USDA Service Center.		
B. Activity: _____		
C. Current land use (specify crops): _____		
D. County: _____		

**FARM OPERATING PLAN FOR AN INDIVIDUAL  
Agricultural Act of 2014**

2. State

**For "actively engaged in farming" and other payment eligibility and limitation determinations.**

*This form is to be completed by, or on behalf of, an individual who is seeking benefits from the Farm Service Agency (FSA) as an individual (and not as part of an entity or joint operation) under one or more programs that are subject to the regulations at 7 CFR Part 1400. This form collects farming and other information about the individual who receives program benefits directly using the social security number identified in Part A. This form also collects information about entities engaged in farming in which the individual has an interest. Such entities must complete a CCC-902E if they are requesting program benefits. Payment eligibility for the individual is based upon the contribution level of certain inputs to a farming operation such as land, capital, equipment, labor, and management by the individual identified in Part A. The information on this form will be used by FSA to determine payment eligibility and limitation of payments by direct attribution.*

**PART A – PRODUCER INFORMATION**

1. Individual's Name and Address (Include Zip Code)

2. Social Security Number (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)

**PART B – ADDITIONAL INFORMATION**

**FOR COUNTY OFFICE USE ONLY**

1. Is this individual a U.S. citizen?

YES. Go to Item 4  
 NO. Go to Item 2

2. Is this individual an alien lawfully admitted into the U.S.?

YES, must present a Resident Alien Card (I-551).  
 NO

3. (Was a Resident Alien Card, I-551 shown?)

YES  NO

**Minors**

4. Is this individual under 18 years of age as of June 1 of the program year that is specified in Item 3?

NO. Go to Item 5  YES. Stop - Use CCC-902I

**Other Farming Interests**

5. Does this individual, individual's spouse or minor child have interests in other farming operations including joint operations and entities?

NO. Go to Part C  YES. Stop - Use CCC-902I

**PART C – LAND, CAPITAL & EQUIPMENT (Attach form CCC-902 Continuation for additional land interests)**

1. Will the contributions of land, capital, or equipment for the farming operation identified in Part A be acquired as the result of a loan or credit arrangement from an individual or entity that has an interest in the farming operation identified in Part A?

NO. Go to Item 2  YES. Stop - Use CCC-902I

2. Will custom services be utilized in the farming operation identified in Part A?  NO. Go to Item 3  YES. Stop - Use CCC-902I

3. Enter the following information for ALL land farmed by the individual identified in Part A and not as part of an entity. *If land is cash leased from an individual or entity with an interest in the crop or crop proceeds, include the rental rate in \$/acre in Column F; otherwise enter "cash."*

A. Farm No.	B. Location (County and State)	C. Check As Applicable			D. Name of Individual or Entity Whom Land is Leased to and/or From (Includes names of landowners and landlords)	E. Acres Owned or Leased	F. Rental Rate \$ per Acre/ % of Crop Share	G. Check here if same land interest was held last year
		Owned	Leased To	Leased From				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

4. **Capital** - Indicate the source(s) of farming capital for the farming operation identified in Part A. (Check all that apply.)

Non-borrowed  Commercial loans/credit  Private loans/credit  FSA program payments  Other: \_\_\_\_\_

5. **Equipment** - Enter the percentages owned and/or leased to be used by the farming operation identified in Part A.

C. If leased, does the party/entity the equipment is leased from have an interest in the farming operation identified in Part A?  YES  NO

A. Owned \_\_\_\_\_%

B. Leased \_\_\_\_\_%

**PART D - LABOR**

1. **Active personal labor.** Enter the percentage or hours to be provided by the individual identified in Part A: \_\_\_\_\_ % \_\_\_\_\_ hours

2. **Hired labor.** Enter the percentage or hours of labor that will be hired by the individual identified in Part A: \_\_\_\_\_ % \_\_\_\_\_ hours

3. Will any of the hired labor originate from the same source as the leased equipment in Part C  YES  NO.

**PART E - MANAGEMENT**

1. **Active personal management.** Enter the estimated percent of active personal management to be provided by the individual identified in Part A: \_\_\_\_\_%

2. **Hired management:** Enter the estimated percent of management hired by the individual identified in Part A: \_\_\_\_\_%

**PART F - CERTIFICATION**

*I certify that all the information entered on this document and any supporting documentation is true and correct. I understand furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operation.*

1. Signature of Producer (By)

2. Title/Relationship if Signing as Representative

3. Date (MM-DD-YYYY)





This form is available electronically.

<b>CCC-941</b> (03-28-14) <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation  <b>AVERAGE ADJUSTED GROSS INCOME (AGI) CERTIFICATION AND CONSENT TO DISCLOSURE OF TAX INFORMATION</b> <i>Agricultural Act of 2014</i>	<b>1. Return completed form to:</b>  <i>(Name and address of FSA county office or USDA Service Center)</i>
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**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 to USC 552a - as amended: The authority for requesting the information disclosed on this form is 7 CFR Part 1401, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (Pub. L. 99-196), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and non-governmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F - Administration). **PLEASE RETURN COMPLETED FORM TO FSA AT THE ABOVE ADDRESS.**

<b>2. Name and Address of Individual or Legal Entity (Including Zip Code)</b>  <i>(Use the same name and address as used for the tax return specified in Part B.)</i>	<b>3. Taxpayer Identification Number (TIN) (Social Security Number for Individual; or Employer Identification Number for Legal Entity)</b>
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**PART A - CERTIFICATION OF AVERAGE ADJUSTED GROSS INCOME**

**4. The program year for payment eligibility**

A. **20**      Enter the year for which program benefits are requested. The period for calculation of the average AGI will be of the three taxable years preceding the most immediately preceding complete taxable year for which benefits are requested. For example, the 3-year period for the calculation of the average AGI for 2014 would be the taxable years of 2012, 2011 and 2010.

**5. I certify that the average adjusted gross income of the individual or legal entity in Item 2 (for the year included in Item 4) was:**

A.  Less than (or equal to) \$900,000

B.  More than \$900,000

**PART B - CONSENT TO DISCLOSURE OF TAX INFORMATION**

Pursuant to 26 U.S.C. §6103, I hereby authorize the Internal Revenue Service (IRS) to review the following items of "return information" (as defined in 26 U.S.C. §6103(b)(2)) from the returns (as specified below) of the individual or legal entity identified in Item 2 for the taxable years indicated in Item 4:

- |   |   |
|---|---|
| <b>Form 1040 and 1040NR filers:</b> farm income or loss; adjusted gross income  | <b>Form 1120, 1120A, 1120C filers:</b> charitable contributions, taxable income |
| <b>Form 1041 filers:</b> farm income or loss, charitable contributions, income distribution deductions, exemptions, adjusted total income; total income | <b>Form 1120S filers:</b> ordinary business income                              |
| <b>Form 1065 filers:</b> guaranteed payments to partners, ordinary business income  | <b>Form 990T:</b> unrelated business taxable income                             |

I understand the IRS will review these items of return information in order to perform calculations, the results of which I authorize to be disclosed to officers and employees of the United States Department of Agriculture (USDA) for use in determining the individual's or legal entity's eligibility for specified payments for various commodity and conservation programs. The calculations performed by the IRS use a methodology prescribed by the USDA. In addition, I am aware that the USDA may use the information received for compliance purposes related to this eligibility determination, including referrals to the Department of Justice.

Specially, the IRS will disclose to the USDA the individual's or legal entity's name and TIN, and inform the USDA if, pursuant to its calculations, the average Adjusted Gross Income (AGI) is above or below eligibility requirements as prescribed by the Agricultural Act of 2014. The IRS will also disclose to the USDA the type of return from which the information used for the calculations was obtained.

If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the specified return has not been filed, for any of the taxable years indicated, the IRS may disclose that it was unable to locate a return, or that a return was not filed, for those years, whichever is applicable.

**An approved Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority when completing this form.**

By signing this form:

- I acknowledge that I have read and reviewed all definitions and requirements on Page 2 of this form;
- I certify that all information contained within this certification is true and correct; and is consistent with the tax returns filed with the IRS;
- I agree to authorize CCC to obtain tax data from the IRS for AGI compliance verification purposes by filing this form;
- I am aware that without this consent to disclosure, the returns and return information of the individual or legal entity identified in Item 2 are confidential and are protected by law under the Internal Revenue Code;
- I certify that I am authorized under applicable state law to execute this consent on behalf of the legal entity identified in Item 2 (for legal entity only).

<b>6. Signature (By)</b>	<b>7. Title/Relationship of the Individual if Signing in a Representative Capacity for a legal entity</b>	<b>8. Date (MM-DD-YYYY)</b>
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The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or on the basis of an individual's income derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEOC or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider and employer.



**OCTOBER 21, 2016**  
is the deadline to  
submit an EQIP  
application for FY 17.



# Visit the Conservation Client Gateway website at <http://www.nrcs.usda.gov/clientgateway>

**Conservation Client Gateway**

**4 Reasons to Use Conservation Client Gateway**  
How Conservation Client Gateway can assist your conservation efforts

- 1 REQUEST TECHNICAL ASSISTANCE
- 2 APPLY FOR FINANCIAL ASSISTANCE
- 3 REVIEW, SIGN AND SUBMIT APPLICATIONS AND CONTRACTS
- 4 TRACK YOUR PAYMENTS

**What is Conservation Client Gateway?**

Conservation Client Gateway is a secure online portal that lets individual landowners and land managers track their payments, request assistance, sign documents and request conservation assistance anytime, anywhere. Conservation Client Gateway provides users the flexibility to determine when they want to engage with NRCS online and when they prefer in-person conservation planning assistance.

**Who is using Client Gateway now?**

See this video with four farmers who share how they benefit from Client Gateway.



United States Department of Agriculture

# Beginning Farmers

<https://newfarmers.usda.gov/>





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, audiotape, 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 [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) 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](mailto:program.intake@usda.gov).