

AD-1026D (02-06-12)	1A. STATE NAME
U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	1B. COUNTY NAME
RELIEF FOR UNDUE ECONOMIC HARDSHIP REQUEST HIGHLY ERODIBLE LAND CONSERVATION	

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 12, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to make a determination as to whether application of the conservation system according to the specifications determined by NRCS would impose an undue economic hardship on the producer. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental 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 an inability to make a determination as to whether application of the conservation system according to the specifications determined by NRCS would impose an undue economic hardship on the producer.*

*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 0560-0185. The time required to complete this information collection is estimated to average 15 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 of information. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

PART A – PRODUCER INFORMATION

2A. NAME AND ADDRESS OF PRODUCER (Including Zip Code)	3. TAX IDENTIFICATION NUMBER (Last 4 Digits)	4. FARM NUMBER	
2B. TELEPHONE NO. (Including Area Code):	5A. TRACT NUMBER	5B. FIELD NUMBER	6. CROP YEAR

PART B - PRODUCER REQUEST FOR UNDUE ECONOMIC HARDSHIP DETERMINATION

7. State the reasons that application of a conservation system according to the specifications determined by NRCS would impose an undue economic hardship. Include all pertinent information to be considered, such as the cost of installation of the required conservation practices, efforts to obtain cost-share, benefits to be earned through programs subject to compliance, and general economic situation. The request must be in writing and signed and dated by the affected producer. The request may be made on a separate sheet, signed and dated, and attached to this application. Include copies of any documents that would support a finding that application of the conservation requirements would impose an undue economic hardship and relief requested to avoid the hardship:

Note: The relief determination shall apply only for the crop year and fields identified in Part A. Application for relief shall be requested annually.

8A. SIGNATURE OF PRODUCER (By)	8B. TITLE/RELATIONSHIP OF THE INDIVIDUAL IF SIGNING IN A REPRESENTATIVE CAPACITY	8C. DATE (MM-DD-YYYY)	FOR FSA USE ONLY
			9. DATE REFERRED TO NRCS (MM-DD-YYYY)

PART C – TO BE COMPLETED BY NRCS

10. Describe in detail the practices required, estimated cost, suggested alternatives, cost share assistance available for the practices, and any other information that NRCS or the Conservation District may have to assist the Committee in making a recommendation or determination. The information may be provided on a separate sheet, signed and dated, and attached to this application:

11A. SIGNATURE OF NRCS EMPLOYEE	11B. DATE (MM-DD-YYYY)	12. DATE REFERRED TO FSA (MM-DD-YYYY)
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PART D - TO BE COMPLETED BY THE COUNTY COMMITTEE

13. Estimated cost of the practices that the producer affirms would cause undue economic hardship. \$	14. Approximate amount of USDA benefits the producer expects to earn if compliance requirements are met. \$	
15. Based on information provided by the producer, information provided by NRCS, and the County Committee's knowledge of the producer's operation, describe in detail the County Committee's recommendation and extent of relief to avoid the hardship, if any, and reasons for the recommendation to the State Committee:		
16A. SIGNATURE OF COUNTY COMMITTEE REPRESENTATIVE	16B. DATE (MM-DD-YYYY)	17. DATE REFERRED TO STATE COMMITTEE (MM-DD-YYYY)

PART E - TO BE COMPLETED BY STATE COMMITTEE

18. Based on information provided, and any other information deemed necessary to make a determination, describe in detail the State Committee's determination, extent of relief, if any, and the reasons for the determination:				
19A. SIGNATURE OF COUNTY COMMITTEE REPRESENTATIVE	<table border="1"> <tr> <td data-bbox="886 1430 1576 1493">19B. DATE (MM-DD-YYYY)</td> </tr> <tr> <td data-bbox="886 1493 1576 1556">20. DATE PRODUCER WAS NOTIFIED (MM-DD-YYYY)</td> </tr> <tr> <td data-bbox="886 1556 1576 1617">21. DATE REFERRED TO COUNTY COMMITTEE (MM-DD-YYYY)</td> </tr> </table>	19B. DATE (MM-DD-YYYY)	20. DATE PRODUCER WAS NOTIFIED (MM-DD-YYYY)	21. DATE REFERRED TO COUNTY COMMITTEE (MM-DD-YYYY)
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PART F - TO BE COMPLETED BY FSA COUNTY OFFICE

22. Date NRCS was provided a copy of AD-1026D and related documents: (MM-DD-YYYY):

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