# PRODUCTIVE CONSERVATION ON WORKING LANDS CROP ESTABLISHMENT PROGRAM

## Crop Establishment Payment Voucher & Crop Establishment Certification form

**A. PAYEE INFORMATION** ☐ Check if name or address change

Name:

Address:

City, State, & Zip Code:

**B. PROJECT INFORMATION**

Contract Number:

☐ Cost-Share

| Practice Type (one only) | Practice Area | Acres Completed: |
|---|---|---|
| | | |

**C. COST INFORMATION** ☐ Arial Photo

| R/I | ITEM | QUANTITY | UNIT | UNIT PRICE | COST |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Acres | (up to $150/acre) | |
| | | | | | |

R - Receipted Item/Invoiced Item  I - In - Kind Contribution  (attach additional sheets as necessary)

Total $

I certify that this is an accurate and true summation of the actual costs and quantities of material, labor, and equipment used on the above project. In cases where the receipts included items not used on the project, I have corrected them accordingly.

_____ (Payee Signature)  _____ (Date)

**D. PAYMENT INFORMATION**

PCWL Crop Establishment PROGRAM

Total cost of establishment: $_____

PCWL crop establishment Payment: (Federal) - $_____

Other Funding Sources (b)

_____ - $_____

_____ - $_____

_____ - $_____

Landowner/Land occupier Cost: $

**PCWL Crop Establishment Payment** $

**COST-SHARE Program** (b+c cannot exceed 50% of a)

(a) Total Cost Approved: $ _____

(b) Other Federal funds ___% $ _____

or NonFederal funds ___% $ _____

(c) **PCWL Funds** ____% $

$ _____ - _____ = _____

Encumber  Payment  Slippage

**E. RC&D or technical CERTIFICATION**

I certify that an inspection has been performed and that the items identified in part C have been completed and are in accordance with the required practice standards and specifications.

_____ (Local RC&D or Technical Representative)  _____ (Date)

Organization or business affiliation-

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and billed costs or disbursements are accurate and are in accordance with terms of the program identified.

_____ (Three Rivers RC&D Representative)  _____ (Date)