



United States Department of Agriculture

Natural Resources Conservation Service (NRCS)  
580 Main Street Suite A, Dallas OR 97338

503-837-3689  
503-837-3693

## NRCS: How to apply for Farm Bill Program funding..... Participant Information

**Step 1: Land and Program Eligibility** - Contact NRCS to set up a field visit to evaluate your property. If land and program eligibility are met, proceed with establishing producer eligibility.

**Step 2: Producer Eligibility** – Make an appointment with the Farm Service Agency to establish producer eligibility. See “How to Establish Producer Eligibility for Farm Bill Programs”.

**Step 3: Application** - Once Farm Records and all eligibility is established, submit a completed application to NRCS with the following documents:

(Note: The applicant must match the banking information and will receive the 1099 for tax purposes. All signatures must be consistent on all documents to meet audit requirements.)

- NRCS – CPA-1200 - Application and Appendix (program rules)
- Producer Information
- Landowner Objectives
- Project property address and directions.
- Current and accurate Farm and Tract Map from the Farm Service Agency.
- Release of Information for Conservation Programs, form signed by the applicant.
- Direct Deposit form AD1199, voided check or completed and signed by your bank.
- NRCS CPA-1257 Landowner Concurrence to Install Structural/Vegetative Practices (Leased land only.)

**Step 4: Planning** - Eligible applicants work with NRCS to develop a conservation plan. Applicant meets with NRCS to make planning decisions and develop a cost estimate. If funded, contracted practices and the implementation schedule will be based on these decisions.

**Step 5: Screening and Ranking** - Applications will be screened High, Med or Low. Low priority applications will not be ranked or considered for funding. You will be notified of your application ranking status for funding your project.

**Step 6: Contracting** - Contracts will be developed in the order they were ranked based on funding availability. Final specifications will be signed as part of the contract.

**Step 7: Implementation** - NRCS, the participant and the participant's contractor will meet prior to starting work on the project to discuss the job sheets and expectations. The contract will be completed according to the contract schedule and practice specifications previously agreed on between NRCS and the participant.

**Step 8: Payments** - When practices have been completed, they will be reviewed by NRCS and certified for payment if completed according to NRCS specifications.

**Step 9: Contract reviews** - Reviews will be completed annually to evaluate progress.

**Step 10: Completion** - When the last practice is certified and paid, the contract has been completed. All practices are to be maintained for the designated life span.



## How to Establish Producer ELIGIBILITY for Farm Bill Programs...Participant Information

Farm records and program eligibility must be established with the Farm Service Agency as either an **Individual or Entity** for an application to be considered for funding through the Natural Resources Conservation Service (NRCS).

Eligibility must be established by the application cutoff date to be considered for funding.

\*Applications that are incomplete or ineligible at the application cutoff date, will not be ranked or considered for funding.

### When establishing farm records, ensure the following:

- Either an owner or an operator can apply for funding.
- The applicant's name must match the farm records exactly as established with FSA.
- The naming convention must match IRS tax filing and associated social security or EIN.
- Ensure Farm and Tracts boundaries are accurate.
- If contracted, the applicant will receive a 1099 for payments received, for tax purposes.

### Step 1: Make an appointment with the Farm Service Agency (FSA) to establish new or update current farm records and producer eligibility. (Records must be updated annually.)

#### Farm Service Agency/ USDA Service Center: 650 Hawthorne Ave. SE, Suite 130, Salem OR 97301

- Janelle Huserik - County Executive Director 971-273-4822 Fax: 503-399-5799  
[janelle.huserik@usda.gov](mailto:janelle.huserik@usda.gov)
- Bev Schmidt – Programs Technician 971-273-4801  
[beverly.schmidt@usda.gov](mailto:beverly.schmidt@usda.gov)
- Debbie Pothetes -Programs Technician 971-273-4807  
[debbie.pothetes@usda.gov](mailto:debbie.pothetes@usda.gov)

#### Farm Services Agency/USDA Service Center: 2200 SW 2nd Street, McMinnville OR 97128

- Darca Glasgow, Yamhill County Exec Director 503-376-7601  
[darca.glasgow@usda.gov](mailto:darca.glasgow@usda.gov)

#### For Questions Contact: NRCS/USDA Service Center: 580 Main Street, Dallas OR 97338

- Evelyn M Conrad, District Conservationist 503-837-3689  
[evelyn.conrad@usda.gov](mailto:evelyn.conrad@usda.gov)



## Applying as an INDIVIDUAL

The applicant must establish Farm Bill Program eligibility, as an individual, for an application to be considered for funding.

\*If land ownership is under a trust, using a Social Security Number for tax purposes, farm records should list the trust as owner and the applicant should be the trust. Apply as an entity using your social security number on the NRCS CPA-1200 application.

### **FSA: Make an appointment with your local Farm Service Agency to establish eligibility:**

#### **Eligibility: The following documentation must be completed at the FSA office:**

\_\_\_ Service Center Information Management System (SCIMS) – You must be entered in SCIMS by the Farm Service Agency (FSA). Names entered in the system should be the same as annual tax returns are filed.

\_\_\_ CCC-941 *Adjusted Gross Income* (AGI) form.

\_\_\_ AD-1026 *Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC)*.

\_\_\_ CCC-902 “Farm Operating Plan” Establishes payment eligibility and payment limitation requirements.

\_\_\_ Land ownership must be verified with a copy of the deed or current tax records.

\_\_\_ Review Farm Data Report to ensure all Farm and Tract information is accurate.

\_\_\_ Review land boundaries on Farm and Tract maps to verify ownership and boundaries are correct.

\_\_\_ LEASED LAND: Must be verified with a lease or other document that establishes control of the land for the duration of the contract.

\_\_\_ LEASED LAND: NRCS CPA-1257 Landowner concurrence to install structural or vegetative activities/practices on leased land. NRCS will assist with the completion of this form.



## Applying as an ENTITY

The applicant must establish Farm Bill Program eligibility, as an entity, for an application to be considered for funding.

**FSA: Make an appointment with your local Farm Service Agency to establish eligibility:**

### The following documentation must be completed at the FSA office:

\_\_\_ Service Center Information Management System (SCIMS) - Your entity and its members must be entered in SCIMS by the Farm Service Agency (FSA). All names should be entered the same as annual tax returns are filed.

\_\_\_ CCC-941 *Adjusted Gross Income* (AGI) form. Must be updated annually and complete by the entity and each individual member of the entity.

\_\_\_ CCC-901A *Member Information* form. Designates which members have signature authority. Only members with signature authority can sign for the business, joint venture or entity. A Power of Attorney may grant signature authority to others with a completed FSA 211 *Power of Attorney* Form.

\_\_\_ CCC-902 Farm Operating Plan for Payment Eligibility. Verifies signature authority and ownership.

\_\_\_ FSA 211 Power of Attorney form designates signature authority for an individual other than an authorized member of the Entity, to act as attorney-in-fact on their behalf. This form must be witnessed by an FSA employee OR be signed in front of a Notary Republic.

\_\_\_ AD-1026 *Highly Erodible Land Conservation (HELIC) and Wetland Certification (WC)*. Must be completed by the entity and each individual member of the entity.

\_\_\_ Land ownership must be verified with a copy of the deed or current tax records.

Review Farm Data Report to ensure all Farm and Tract information is accurate.

\_\_\_ Review land boundaries on Farm and Tract maps to verify ownership and boundaries are correct.

\_\_\_ LEASED land enrolled in farm bill programs must be verified with a lease or other document that establishes control of the land for the duration of the contract.

\_\_\_ If Applicable: LEASED LAND – Complete form NRCS CPA-1257 Landowner concurrence to install structural or vegetative activities/practices. NRCS will assist with the completion of this form.



# Application Packet: Return to NRCS with application Private Lands - Farm, Forest, Ranch

Natural Resources Conservation Service



## Producer Information

Your Conservation Plan and personal records are confidential. No person or agency other than NRCS has access to them without your written authorization.

<b>Date</b>			
<b>Landowner(s) NAME</b>			
<b>Land Manager(s) NAME</b>			
<b>Property Address</b>			
<b>Applicant Name</b>			
<b>Applicant Address</b>			
<b>City</b>		<b>State</b>	
<b>County</b>		<b>Zip Code</b>	
<b>Phone Numbers</b>	<b>Home</b>		
	<b>Business</b>		
	<b>Cell</b>		
<b>E-mail Address</b>			

### The following must be submitted with your application:

1. Producer Information
2. Landowner Objectives
3. Project Property address and directions.
4. Current Farm and Tract Map from the Farm Service Agency.
5. The "Release of Information for Conservation Programs" form, signed by the applicant.
6. Direct Deposit form AD1199, with a voided check or completed and signed by your bank.









## Release of Information for NRCS Conservation Programs

**Project Identification (e.g. application number):** \_\_\_\_\_

I understand that the Natural Resources Conservation Service (NRCS) requests permission to release my personal information in conjunction with the conservation assistance I request via the project identified above. I also understand that, under the Privacy Act of 1974, solicitation of Information contained herein is authorized by Executive Order 10450, and/or Section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041). My disclosure of Information is voluntary, but I understand that failing to disclose certain kinds of information may result in NRCS being unable to provide the assistance I request. I grant NRCS permission to release the following information. I crossed off any information below that I do not grant permission to release. I understand that crossing off lines 1, 2, 3, 4 or 5 may result in NRCS being unable to provide the assistance I request.

1. **Topographic map showing the location of my project**
2. **Plan maps showing the locations of my project activities**
3. **A description of my project, including amount and type of disturbance**
4. **A description of my project site, including on site observations**
5. **My name and my farm's business entity name**
6. My mailing address, email address and phone number
7. My conservation plan of operations (contract)
8. Draft and final practice designs, specifications and Job sheets
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_

I grant NRCS permission to release the above information to the entities listed below. I crossed off any entities below to whom I do not want my information released. I understand that crossing off lines 1, 2, 3, 4 or 5 may result in NRCS being unable to provide the assistance I request.

1. **United States Fish and Wildlife Service**
2. **National Oceanic and Atmospheric Administration**
3. **State Historic Preservation Office**
4. **Tribal Historic Preservation Offices**
5. **Federally recognized Tribes**
6. Local Soil & Water Conservation District staff and directors
7. Oregon Department of Fish and Wildlife
8. Oregon Department of Forestry
9. Technical Service Providers
10. Bureau of Land Management
11. Other \_\_\_\_\_

The permissions I grant begin on the date I sign below and expire when the contract for the project identified above expires. If the project does not result in a contract, my permissions expire one year from the date I sign.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Printed name (printed and signed name must exactly match the application and contract)



# DIRECT DEPOSIT SIGN-UP FORM

## DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>D</b> TYPE OF DEPOSITOR ACCOUNT</td> <td style="width: 20%;">CHECKING</td> <td style="width: 20%;">SAVINGS</td> </tr> <tr> <td colspan="3"><b>E</b> DEPOSITOR ACCOUNT NUMBER</td> </tr> </table>	<b>D</b> TYPE OF DEPOSITOR ACCOUNT	CHECKING	SAVINGS	<b>E</b> DEPOSITOR ACCOUNT NUMBER						
<b>D</b> TYPE OF DEPOSITOR ACCOUNT	CHECKING	SAVINGS									
<b>E</b> DEPOSITOR ACCOUNT NUMBER											
ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )	<b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> ) <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Social Security</td> <td style="width: 50%;">Fed. Salary/Mil. Civilian Pay</td> </tr> <tr> <td>Supplemental Security Income</td> <td>Mil. Active</td> </tr> <tr> <td>Railroad Retirement</td> <td>Mil. Retire.</td> </tr> <tr> <td>Civil Service Retirement (OPM)</td> <td>Mil. Survivor</td> </tr> <tr> <td>VA Compensation or Pension</td> <td>Other <i>(specify)</i></td> </tr> </table>	Social Security	Fed. Salary/Mil. Civilian Pay	Supplemental Security Income	Mil. Active	Railroad Retirement	Mil. Retire.	Civil Service Retirement (OPM)	Mil. Survivor	VA Compensation or Pension	Other <i>(specify)</i>
Social Security		Fed. Salary/Mil. Civilian Pay									
Supplemental Security Income		Mil. Active									
Railroad Retirement		Mil. Retire.									
Civil Service Retirement (OPM)	Mil. Survivor										
VA Compensation or Pension	Other <i>(specify)</i>										
CITY                                  STATE                                  ZIP CODE											
TELEPHONE NUMBER AREA CODE											
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT	<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> ) <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">TYPE</td> <td style="width: 40%;">AMOUNT</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	TYPE	AMOUNT								
TYPE		AMOUNT									
<b>C</b> CLAIM OR PAYROLL ID NUMBER  Prefix                                  Suffix											
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.	<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.										
SIGNATURE                                  DATE	SIGNATURE                                  DATE										
SIGNATURE                                  DATE	SIGNATURE                                  DATE										

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">ROUTING NUMBER</td> <td style="width: 20%;">CHECK DIGIT</td> </tr> <tr> <td colspan="2" style="height: 30px; vertical-align: top;">DEPOSITOR ACCOUNT TITLE</td> </tr> </table>	ROUTING NUMBER	CHECK DIGIT	DEPOSITOR ACCOUNT TITLE	
ROUTING NUMBER	CHECK DIGIT				
DEPOSITOR ACCOUNT TITLE					
<b>FINANCIAL INSTITUTION CERTIFICATION</b>					
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 208, and 210.					
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE		

Financial institutions should refer to the GREEN BOOK for further instructions.  
**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

**GOVERNMENT AGENCY COPY**

### BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimates and suggestions for reducing this burden should be directed to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328.

### PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 208 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

### INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

The diagram shows a check with the following details:
 

- Top left: A circle with a checkmark and a crossed-out checkmark.
- Top center: A date box with 'Month Day Year' labels and values '08', '31', '84'.
- Top right: '15-51 000' and 'PHILADELPHIA, PA'.
- Far right: 'Check No. 0000 415785'.
- Below the date: A box with '00' and a circle 'C'.
- Below the amount: A box with '28 28' and a circle 'F'.
- Bottom left: A large rounded rectangle labeled 'Pay to the order of' with a circle 'A' below it.
- Bottom right: A box with 'DOLLARS' and 'CTS' columns.
- Bottom center: 'NOT NEGOTIABLE' and the MICR line ':00000518: 0415771926''.

### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

### CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

### CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will contact the paying agency with updated financial account information. It is recommended that the payee maintain accounts at both financial institutions until the transaction is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

### FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

## **SF-1199A Direct Deposit Sign-up Form: Instructions for NRCS Programs**

This form can be completed hard copy or is available on line in a fillable version.  
Search: SF 1199A NRCS. The most current version, August 2021 must be used.

### **Section 1**

#### **Part A**

Name, address, phone. (Must match the name of applicant as registered with the Farm Service Agency and as tax returns are filed.)

#### **Part B**

Your name again. (The same name as in Part A.)

#### **Part C**

Your SSN, for an individual, or TIN, for an Entity. (Ignore the prefix and suffix.)  
Sign and date. (Signature must match the signature on the application.)

#### **Part D**

Select type of account.

#### **Part E**

Write in account number only. (Do not include routing number.)

#### **Part F**

Check "other" and then write in small print: "USDA Program"

#### **Part G**

Skip

### **Section 2**

SKIP

### **Section 3:**

**It is recommended that your financial institution complete this section.**

Name and Address of Financial Institution

Routing Number with check digit. (Check digit is last number, Include all 9 digits.)

Print representative name/Signature/Telephone #/Date

**A voided check is acceptable, if the name on the check matches exactly the name on the application as entered in the Farm Service Agency records database and IRS records. If there is a mismatch between the check and other records, your bank must complete Section 3.**

After completing the 1199A Direct Deposit form, submit it to NRCS. The information will be entered in the contracting software in preparation for contract development if selected for funding.



## **Control of Leased Land Documentation - Checklist**

In lieu of a full lease document, an applicant can provide a written document that includes or covers **ALL** of the following information:

- **Program (EQIP, CStP, etc) for which the land will be enrolled**
- **Farm and Tract numbers. (Refer to Farm Services Agency (FSA) Tract Map. Verify Farm and Tract numbers are correct with no changes pending.)**
- **The name of the legal land owner as appears on the deed.**
- **The operator, program applicant name as registered with FSA and as taxes are filed.**
- **Specify the length of control. (For NRCS programs, control must cover the entire contract period from contract application through expiration, typically 4-5 years.)**
- **Specify the type of control. (For NRCS programs, control outlined on the document must include management and decision-making authority for the land.)**
- **If applicable, include permission from the landowner to install engineering and/or vegetative practices. NRCS CPA-1257 is required. NRCS will assist with this form.**
- **Document must be signed and dated by the legal land owner and the operator. Signature must match FSA records.**

## Example: Leased Land Agreement Documentation

Example Lease:

John Doe Farms LLC, operator of record on Farm 1234, is leasing Tract 134 from owner, Sandy Farmer, as listed on the deed, for the period January 1, 2019 to December 31, 2025.

The owner, Sandy Farmer, grants permission to the operator, John Doe Farms LLC to make management decisions and implement vegetative and/or structural practices on Tract 134, as identified in the EQIP contract 123456018JD.

This land control agreement covers the duration of the EQIP contract from obligation until expiration.

<i>Sandy Farmer</i>	<i>1/01/2019</i>
Signature Owner	Date

<i>John Doe Farms LLC by Jane Doe</i>	<i>1/01/2019</i>
Signature Operator	Date



Landowner Concurrence Form to Install Structural or Vegetative Activities

This form is used for the applicant to obtain written documentation of landowner concurrence for the purpose of installing structural or vegetative conservation activities on land they lease. Structural and vegetative conservation activities are those activities with a lifespan greater than one year.

<b>Applicant Name:</b>		<b>Landowner Name:</b>		<b>Date Prepared:</b>
<b>Application No.</b>		<b>Farm Name (opt):</b>		
<b>Conservation Activity:</b>	<b>Farm No. &amp; Tract No.</b>	<b>Field Nos.</b>		<b>Lifespan*(yrs)</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*\* The practice lifespan is the period in which the conservation practices are to be used and maintained for their intended purposes, as defined by NRCS standards.*

**Landowner Concurrence**

*By signing this form, I, the landowner, hereby agree that the above-named applicant, if awarded a contract with the USDA Natural Resources Conservation Service (NRCS,) has permission to install and maintain conservation activities on the land identified. I understand that I am not a party to any contract between NRCS and the applicant to install the above listed activities.*

**Landowner Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Non- Discrimination 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, 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 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.

