

**Emergency Conservation Program  
(ECP)  
2021 Wildfires**

1

---

---

---

---

---

---

---

---

**Program Purpose**

Provide cost-share assistance to perform restoration measures on agricultural land damaged by natural disasters and to return the land to productive agricultural use.

Cost share is offered to help return agricultural land to a condition and function similar to pre-disaster condition. Replacement or Restoration must conform to current NRCS standards & specifications.

2

---

---

---

---

---

---

---

---

**Implementing ECP**

- County Committee (COC) and County Emergency Board (CEB) make an overall initial assessment of damage
- County Executive Director (CED) completes a Loss Assessment Report
- COC determines if ECP is warranted based on needs
- If warranted, COC submits a request to District Director/State Executive Director/National Program Manager

3

---

---

---

---

---

---

---

---

### Implementing ECP, Continued

- If approved by National Program Manager, COC will set up a signup period for producer to submit applications
- County will inform & educate producers about ECP

---

---

---

---

---

---

---

---

4

### Signup Period

- To be Determined after Natl Approval
- Application should be filed prior to starting practice  
NOTE: Before application approval, funding is not guaranteed
- Environmental and cultural resource compliance evaluations must be completed prior to application approval

---

---

---

---

---

---

---

---

5

### Person Eligibility

Eligible person:

- Determined on individual basis considering type/extent of damage
- Must not be able to install or repair damage without assistance, or without causing financial hardship
- Must be an Agricultural producer who contributes to the cost of the practice and have an interest in the farm, this could be an owner, tenant, landlord or sharecropper

---

---

---

---

---

---

---

---

6

### Land Eligibility

For land to be eligible, the land must be:

- Physically located in county approved for ECP
- Privately owned and normally used for farming or ranching
- Used for grazing commercial livestock
- Used for producing agricultural commodities
- Used for commercially producing orchards & groves

---

---

---

---

---

---

---

---

7

### Ineligible Land

- Federal or State, Owned or controlled
- Located under greenhouses, hoop houses, & high tunnel structures
- Devoted to Trees for Timber Production

---

---

---

---

---

---

---

---

8

### ECP Practices

- Replacing or Restoring Permanent Fences
- Restoring Conservation Structures & Other Installations
- Field Windbreaks and Farmstead Shelterbelts

---

---

---

---

---

---

---

---

9

### Permanent Fences

Apply on farmland where permanent fences used for agricultural purposes have been destroyed or seriously damaged by the approved disaster.

Materials and design must restore the fence (barbed, smooth, high tensile, or woven wire) to a similar type & function that existed before the natural disaster. The practice must have been functioning prior to the disaster event.

Fence replacement or restoration must conform to current NRCS Standards & Specifications.

ECP Practice Lifespan for Fence is 20 years, therefore, permanent fencing must be maintained

---

---

---

---

---

---

---

---

10

### Permanent Fences

If the request is for restoring the following - cost share would be authorized:

- Fence to return land to productive ag use
- Livestock inclusion
- Wildlife exclusion fence to protect crop
- Cross fences
- Boundary fences
- Cattle Gates
- Solar-based & wind-based power sources, if determined to be less costly to replace electric fence

---

---

---

---

---

---

---

---

11

### Permanent Fences –C/S Advance Payment

During initial Cost share request (FSA-848) for fencing, producer may request 25% of the total Cost share available to begin the repair or replacement of fence.

Advance funds must be expended and producer must provide proof of expenditures to the County office within 60 days of the receipt of the advance payment.

---

---

---

---

---

---

---

---

12

### Restoring Conservation Structures

This practice restored conservation structures & installations damaged by natural disasters:

- Used for agricultural purposes
- The set lifespan for this practice will depend upon the needed component
- Must be built or restored to NRCS standard and specifications

13

---

---

---

---

---

---

---

---

### Restoring Conservation Structures

Cost Share Components of this practice would include:

- Solar units for livestock damaged by wildfire
- Livestock Water facilities when damaged by wildfire
- Permanent cover when needed in conjunction with eligible structures and used to prevent critical erosion

14

---

---

---

---

---

---

---

---

### Field Windbreaks and Farmstead Shelterbelts

Apply practice to restore or replace field windbreaks or farmstead shelterbelts:

- destroyed or seriously damaged by fire
- Includes debris removal, tree purchase, planting, weed control
- Will be maintained for 15 years following year of installation
- Must be built or restored to NRCS standard and specifications

15

---

---

---

---

---

---

---

---

### What do I need to make Application?

- Visit County FSA that maintains your farm records
- Complete form FSA-848, Cost Share Request, providing location, practice and extent of needed replacement  
(Application will need to include all producers sharing in the cost of the practice)
- Photo or record of damage, if available

---

---

---

---

---

---

---

---

16

### What do I need, Continued

- Complete AD-1026, Highly Erodible Land Conservation and Wetland Conservation Certification
- Complete CCC-902 (& CCC-901, if applicable), Farm Operating Plan for Payment Eligibility
- CCC-860, Socially Disadvantaged, Limited Resource, Beginning & Veteran Farmer or Ranch Certification – as needed

---

---

---

---

---

---

---

---

17

### When Practice is Complete - Documentation

- Report performance of the practice by completing form FSA-848B, before the practice expiration date
- Provide evidence that would include: invoices, cancelled checks, paid receipts – Documentation provided must show the ECP applicant(s) paid the cost of the practice receiving cost share

NOTE: It is important that all participants that shared in the cost of the practice are included on all invoices. This is important to calculating cost share and payment limitation (\$500,000)

---

---

---

---

---

---

---

---

18

### When Practice is Complete - Documentation, Continued

If producer performed practice with own labor and equipment, provide a signed, itemized statement which includes the following:

- Dates of work performed
- Cost per hour charged for labor
- Type of equipment used
- Charge for equipment
- Type and cost of materials used
- Other applicable information

\*An onsite visit will be performed to confirm completion of the practice to NRCS standards and specifications

---

---

---

---

---

---

---

---

19

### Payments

- ECP payments will be issued using payment scenarios which include components needed to complete the practice. The payment will be calculated at 75% of the set rate unless producer has submitted form CCC-860, Socially Disadvantaged, Limited Resource, Beginning and Veteran Farmer or Rancher Certification and then the payment would be calculated at 90% of the set rate.
- After practice completion, producers must report performance and provide payment documentation
- All requested practices must be needed and must meet NRCS standards and specifications
- Cost share payment may not exceed 50% of agricultural market value of the affected land (this is set by the COC)

---

---

---

---

---

---

---

---

20

### Payments, Continued

- **Maximum payment per person or legal entity per disaster event is \$500,000** (direct attribution applies = payments received directly and indirectly)
- Subject to eligibility and availability of funds
- Minimum qualifying cost of Restoration is \$1,000 per participant or \$250 if limited resource, socially disadvantaged, or beginning farmer or rancher

---

---

---

---

---

---

---

---

21

### CCC-860 Form

- If applicable, producer must file form CCC-860 to report Socially Disadvantaged, Limited Resource, Beginning and Veteran Farmer or Rancher Certification.
- **Limited Resource Producer** is a farmer/rancher whose direct or indirect gross farm sales do not exceed the amount identified in the Self-Determination Tool ( <https://lrftool.sc.egov.usda.gov> ) for 2 calendar years that precede the complete taxable year before the relevant program year as adjusted according to the CCC-860 form.
- **Socially Disadvantaged Farmer/Rancher** is a member of a group whose members have been subject to racial, ethnic, or gender prejudice because of their identity as members of a group without regard to their individual qualities. (American Indians or Alaskan Natives, Asians or Asian Americans, Blacks or African Americans, Native Hawaiians or other Pacific Islanders, Hispanics, and women (for those selecting a group that includes gender). For Entities, at least 50% interest must be held by socially disadvantaged individual.
- **Beginning Farmer** is a person or legal entity for which both are true: Has not operated a farm or ranch for more than 10 years, and materially and substantially participates in the operation.

22

---

---

---

---

---

---

---

---

### Example 1

Ranch A : Husband and Wife Joint Venture

- Own and operate 500 acres of grass
- 4 miles of fence destroyed by fire
- 4 miles completed and all documentation provided to COF
- ECP Cost Share Computation – C/S rate - \$2.14 ft X 75% = \$1.61 ft
- 21,120 ft X \$1.61 = \$34,003
- \$17,001 ECP cost-share issued to Husband
- \$17,002 ECP cost-share issued to Wife

NOTE: Both Husband and Wife's names must be on ECP application and cost documentation

23

---

---

---

---

---

---

---

---

### Questions?

24

---

---

---

---

---

---

---

---

## Emergency Conservation Program (ECP) Guidelines for Cost Share Assistance after Approval of ECP Application

1. Participant will report the extent of the practice performed on form FSA-848B and provide any required supporting documentation before a cost share payment can be issued and by the practice expiration date.
2. FSA-848B must be signed and dated by all eligible participants or their authorized representative.
3. Documentation must be provided to determine financial responsibility requirements are met and to determine proper payment. You must provide a copy of the paid invoice showing all applicable persons that contributed to the cost of the practice or a copy of the cancelled check.
4. Proof of Payment documentation must be maintained for the practice lifespan, (Example: Fencing lifespan is 20 years). Lifespans begin on the following January of practice installation.
5. If producer performs the practice with their own labor, equipment, or materials, the producer must submit signed and dated statements that include: Date of Work Performed, Cost Per Hour Charged for Labor, Expense of Equipment Used, Type and Cost of Materials Used, and Any other applicable information.
6. When the producer signs the FSA-848B to request payment, they are agreeing to refund all or part of the cost share assistance if before expiration of the practice lifespan specified in the ECP agreement, the practice is destroyed or not properly maintained.
7. If a participant relinquishes control or title to the land on which the practice has been established, the participant must obtain a written statement from the new owner, agreeing to properly maintain the practice for the remainder of the lifespan. This will make the original participant no longer responsible for the practice maintenance.
8. Actions taken to repair damage before filing an ECP application or receiving approval, may be eligible if an application is filed before the end of the ECP signup period, and if there are no environmental impacts. Starting a practice before approval is always at the producers' risk. Activities to disturb the soil below the plow zone may result in the application not being eligible for ECP, if the activity is done prior to an environmental assessment.

**IMPORTANT REMINDER:** Invoices must show the person paying for the cost of the practice and the person that has requested cost share by completing the FSA-848 application.

**FSA-848**  
(04-07-21)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

**COST-SHARE REQUEST**

1. ST. & CO. Code : \_\_\_\_\_

2. County Office Name, Address and Telephone Number \_\_\_\_\_

3. Application Number \_\_\_\_\_

4. Program Code \_\_\_\_\_

5. Contract ID (if applicable) \_\_\_\_\_

*THIS REQUEST is submitted by the undersigned owners, operators, tenants, and/or producers (who individually may be referred to as "the Applicant"). By signing this form, the Applicant agrees to the following: 1) the Applicant is requesting cost-share assistance to perform a practice(s) designed to meet the objectives of the program referenced in Box 5; 2) the Applicant agrees that this practice(s) would not be performed without Federal cost-sharing; and, 3) if cost-sharing is approved for the practice(s) requested, the Applicant agrees to refund all or part of the funds paid to him/her, as determined by the Approving Official, if, before expiration of the lifespan of the specified practice(s), the Applicant (a) destroys the approved practice(s), or (b) voluntarily relinquishes control of or title to, the land on which the approved practice(s) has been established, and the new owner and/or operator of the land does not agree in writing to properly maintain the practice(s) for the remainder of its life span. The Applicant further agrees that if he or she begins the practice(s) before receiving written approval, he or she may be denied cost-share funding. Further, the Applicant hereby authorizes a representative of USDA to have access to the practice site area(s). Further, the applicant understands that form FSA-848-1 is by reference incorporated herein. BY SIGNING THIS APPLICATION, THE APPLICANT ACKNOWLEDGES RECEIPT OF THE FOLLOWING FORMS: FSA-848 AND ANY ADDENDUM THERETO.*

6. Description of Site and Practice Objectives \_\_\_\_\_

**EMERGENCY PROGRAMS ONLY**

7. Disaster Type: \_\_\_\_\_

8. Crop(s) (Select):

Flowers or Bulbs  Vegetables or Fruits  Field Grown Ornamentals

Seed Crops  Grain or Row Crops  Other: \_\_\_\_\_

Orchards or Vineyards  Hay Forage or Pasture

9. Livestock(s) (Select and list amount with units):

Cattle: \_\_\_\_\_  Buffalo/Beefalo: \_\_\_\_\_  Sheep: \_\_\_\_\_

Fish: \_\_\_\_\_  Goats: \_\_\_\_\_  Poultry: \_\_\_\_\_

Swine: \_\_\_\_\_  Horses, Mules or Donkeys: \_\_\_\_\_

Other animals raised exclusively for commercial food or fiber: \_\_\_\_\_

**10. PRACTICES REQUESTED**

A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Practice Title	F. Practice Units	G. Practice Acres	H. Extent Requested	I. Requested Cost-Share
J. Total Requested Cost-Share: _____								

**11. APPLICANT'S REQUEST**

*I (We) request cost-share assistance under the program to meet the objective(s) described above. The practice(s) on this request would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice(s) requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan(s) I, (a) destroy the approved practice(s), or (b) voluntarily relinquish control of or title to, the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice(s) for the remainder of the lifespan(s). I understand that if I begin the practice before receiving written approval I may be denied funding.*

A. Applicant's Name, Address and Telephone Number \_\_\_\_\_

B. Percent Share \_\_\_\_\_ %

C. Limited Resource  YES  NO

D. Beginning Farmer  YES  NO

E. Socially Disadvantaged  YES  NO

F. Signature (By) \_\_\_\_\_

G. Title/Relationship of the Individual if Signing in a Representative Capacity \_\_\_\_\_

H. Date (MM-DD-YYYY) \_\_\_\_\_

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 701, 7 CFR Part 707, 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and 16 U.S.C. § 2201-2206. The information will be used to determine eligibility to participate in and receive benefits under a cost-share assistance program through documentation of the applicant's agreement to comply with the terms and conditions contained in the cost-share request. The information collected on this 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 a determination of ineligibility to participate in and receive benefits under a cost-share assistance program.

**Public Burden Statement (Paperwork Reduction Act):** 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 0560-0082. The time required to complete this information collection is estimated to average 4 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. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

*By signing this form, the Applicant acknowledges and understands that any false representation or claims are subject to civil and criminal penalties including, but not limited to those under 18 U.S.C. 1001. 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.

**12. APPLICATION INFORMATION**

**EMERGENCY PROGRAMS ONLY**

A. Program Code	B. Program Year	C. ST. & CO. Code	D. Hydrologic Unit Code	E. Application Number	F. Contract ID	G. Disaster ID
-----------------	-----------------	-------------------	-------------------------	-----------------------	----------------	----------------

**13. PRACTICES REQUESTED AND NEEDED**

A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Primary Purpose Code	F. Practice Units	G. Practice Extent Requested	H. Practice Extent Needed	I. Requested Cost-Share Rate and Type	J. Requested Cost-Share

K. TOTALS:

**14. COMPONENTS REQUESTED AND NEEDED**

A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Component No.	F. Component Title	G. Component Units	H. Component Extent Requested	I. Component Extent Needed	J. Requested Cost-Share Rate and Type	K. Requested Cost-Share

**15. TECHNICAL PRACTICES PLANNED**

A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Technical Practice Code	F. Technical Practice Title	G. Technical Practice Units	H. Technical Practice Cost-Shared	I. Technical Practice Extent Planned
							<input type="checkbox"/> YES <input type="checkbox"/> NO	
							<input type="checkbox"/> YES <input type="checkbox"/> NO	
							<input type="checkbox"/> YES <input type="checkbox"/> NO	

A. Signature of Technical Service Provider	B. Date	C. Affiliation	D. Practice Control No.	E. Date Referred	F. Referral Expiration	G. Needs Statement

**16. Needs Determination**




**3. APPLICATION INFORMATION**

**EMERGENCY PROGRAMS ONLY**

A. Program Code	B. Program Year	C. ST. & CO. Code	D. Application Number
			E. Contract ID
F. Disaster ID			

**4. ADDITIONAL APPLICANTS**

*I (We) request cost-share assistance under the program to meet the objective(s) described above. I agree that the practice(s) on this request would not be performed without Federal cost-sharing. If cost-sharing is approved, for the practice(s) requested. I agree to refund all or part of the funds paid to me, as determined by the Approving Official, if, before expiration of the specified practice lifespan(s), or (b) voluntarily relinquish control or title to, the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice(s) for the remainder of the lifespan(s). I understand that if I begin the practice before receiving written approval I may be denied funding.*

Applicant's Name, Address and Telephone Number	(2) Percent Share %	(3) Limited Resource <input type="checkbox"/> YES <input type="checkbox"/> NO	(4) Beginning Farmer <input type="checkbox"/> YES <input type="checkbox"/> NO	(5) Socially Disadvantaged <input type="checkbox"/> YES <input type="checkbox"/> NO	(6) Signature (By)	(7) Title/Relationship of the Individual If Signing in a Representative Capacity	(8) Date (MM-DD-YYYY)
A(1) Applicant's Name, Address and Telephone Number	(2) Percent Share %	(3) Limited Resource <input type="checkbox"/> YES <input type="checkbox"/> NO	(4) Beginning Farmer <input type="checkbox"/> YES <input type="checkbox"/> NO	(5) Socially Disadvantaged <input type="checkbox"/> YES <input type="checkbox"/> NO	(6) Signature (By)	(7) Title/Relationship of the Individual If Signing in a Representative Capacity	(8) Date (MM-DD-YYYY)
B(1) Applicant's Name, Address and Telephone Number	(2) Percent Share %	(3) Limited Resource <input type="checkbox"/> YES <input type="checkbox"/> NO	(4) Beginning Farmer <input type="checkbox"/> YES <input type="checkbox"/> NO	(5) Socially Disadvantaged <input type="checkbox"/> YES <input type="checkbox"/> NO	(6) Signature (By)	(7) Title/Relationship of the Individual If Signing in a Representative Capacity	(8) Date (MM-DD-YYYY)
C(1) Applicant's Name, Address and Telephone Number	(2) Percent Share %	(3) Limited Resource <input type="checkbox"/> YES <input type="checkbox"/> NO	(4) Beginning Farmer <input type="checkbox"/> YES <input type="checkbox"/> NO	(5) Socially Disadvantaged <input type="checkbox"/> YES <input type="checkbox"/> NO	(6) Signature (By)	(7) Title/Relationship of the Individual If Signing in a Representative Capacity	(8) Date (MM-DD-YYYY)
D(1) Applicant's Name, Address and Telephone Number	(2) Percent Share %	(3) Limited Resource <input type="checkbox"/> YES <input type="checkbox"/> NO	(4) Beginning Farmer <input type="checkbox"/> YES <input type="checkbox"/> NO	(5) Socially Disadvantaged <input type="checkbox"/> YES <input type="checkbox"/> NO	(6) Signature (By)	(7) Title/Relationship of the Individual If Signing in a Representative Capacity	(8) Date (MM-DD-YYYY)
E(1) Applicant's Name, Address and Telephone Number	(2) Percent Share %	(3) Limited Resource <input type="checkbox"/> YES <input type="checkbox"/> NO	(4) Beginning Farmer <input type="checkbox"/> YES <input type="checkbox"/> NO	(5) Socially Disadvantaged <input type="checkbox"/> YES <input type="checkbox"/> NO	(6) Signature (By)	(7) Title/Relationship of the Individual If Signing in a Representative Capacity	(8) Date (MM-DD-YYYY)
F(1) Applicant's Name, Address and Telephone Number	(2) Percent Share %	(3) Limited Resource <input type="checkbox"/> YES <input type="checkbox"/> NO	(4) Beginning Farmer <input type="checkbox"/> YES <input type="checkbox"/> NO	(5) Socially Disadvantaged <input type="checkbox"/> YES <input type="checkbox"/> NO	(6) Signature (By)	(7) Title/Relationship of the Individual If Signing in a Representative Capacity	(8) Date (MM-DD-YYYY)
G(1) Applicant's Name, Address and Telephone Number	(2) Percent Share %	(3) Limited Resource <input type="checkbox"/> YES <input type="checkbox"/> NO	(4) Beginning Farmer <input type="checkbox"/> YES <input type="checkbox"/> NO	(5) Socially Disadvantaged <input type="checkbox"/> YES <input type="checkbox"/> NO	(6) Signature (By)	(7) Title/Relationship of the Individual If Signing in a Representative Capacity	(8) Date (MM-DD-YYYY)
H(1) Applicant's Name, Address and Telephone Number	(2) Percent Share %	(3) Limited Resource <input type="checkbox"/> YES <input type="checkbox"/> NO	(4) Beginning Farmer <input type="checkbox"/> YES <input type="checkbox"/> NO	(5) Socially Disadvantaged <input type="checkbox"/> YES <input type="checkbox"/> NO	(6) Signature (By)	(7) Title/Relationship of the Individual If Signing in a Representative Capacity	(8) Date (MM-DD-YYYY)

