

Conservation Program Contract Payment Checklist

Decision Maker's Name: _____ Date: _____ Contract Number: _____
Program Assignment: ☐EQIP 1996 ☐EQIP 2002 ☐WHIP ☐CSP Geographic County: _____

Program Participant's Actions:

- ☐ **Notify NRCS that practice(s) have been completed and provide applicable supporting documentation such as bills, TSP certification documents and other documents needed for completion of the practice payment.**
- ☐ **Provide a signed and dated SF-1199a** (Direct Deposit Form) that confirms all vendor information is accurate. May be initialed after first payment but *must be dated at time of payment request on a certified NRCS-CPA-1245 for each payment. (Phone verification is not acceptable)*
- ☐ A **certified NRCS-CPA-1245** is signed by participant with contract authority to sign. *This must be signed on or after the date the practice(s) is certified in ProTracts by NRCS.*
- ☐ **Provide a CCC-36** (or NRCS-CPA-1236 when available) Assignment of Payment form if applicable. ☐ N/A
- ☐ **Provide Power of Attorney** (NRCS-CPA-09) to act for the decision maker or other signatory, or evidence of authority to act for an entity, if applicable ☐ N/A

NRCS Field Office Actions:

- ☐ **Certify in ProTracts that the practice meets NRCS standards** after field review and complete the performance data in ProTracts. Inspection Certification date must be **before, or the same date as**, the certification date on the NRCS-CPA-1245.
- ☐ **Review receipts** (if actual cost not to exceed a specified maximum (AM) is used) for completeness and calculate financial assistance payments earned and enter into ProTracts (certify the practice, complete calculations & payment instructions only). Must indicate the Maximum Payment for AM cost type amount on bills, initial total allowed by CIN or note below in the comments section.
- ☐ **Print the NRCS-CPA-1245 out of ProTracts** (select all contract item numbers/components to be paid with this payment request)
- ☐ **Obtain participant's signature as required on the NRCS-CPA-1245** and ensure the participant is aware of what their signature(s) means (**Only the person as designated in ProTracts can sign for payment**)
- ☐ **Confirm** that current SF-1199a information is entered into ProTracts (**phone verification not acceptable**)
- ☐ **Verify** that participant's signature on NRCS-CPA-1245 does match the signature(s) on CCC-1200, NRCS-CPA-1202, NRCS-CPA-152, or a current approved NRCS-CPA-1156.
- ☐ **Verify** that participant meets **ALL** eligibility and compliance requirements including AD-1026 eligibility.
- ☐ **Verify** that payment will not exceed EQIP program payment limitation.

Is this the final practice/payment for this contract? ☐yes ☐no

Forward (FAX or scan & place on Area Office Server) the following supporting documentation to the Area Office for the second level review.

- ☐ **Signed NRCS-CPA-1245** showing the participant's signature
- ☐ **Signature page of CCC-1200** or the **NRCS-CPA-1202** whichever is applicable for this contract
- ☐ **NRCS-CPA-152** Transfer Agreement for any contract Land Transfer or Payment Share changes ☐ N/A
- ☐ **SF-1199a** Current copy signed or initialed and dated
- ☐ **Copy** of appropriate receipts for actual costs (AM) (summarized for payment) ☐ N/A
- ☐ **Copy** of receipts for AC cost type practices ☐ N/A
- ☐ **Copy** of this completed and signed program payment checklist page 1
- ☐ **Copy** of **CCC-36** (use NRCS-CPA-1236 once it is available) if applicable ☐ N/A
- ☐ **Copy** of POA (**NRCS-CPA-09**) to act for the decision maker. ☐ N/A
- ☐ **Copy** of other signatory evidence of authority to act for an entity. ☐ N/A
- ☐ **Notes to explain:** Any other "special instructions", such as AM Costs allowed, for this payment:

☐ I have completed the actions for my level and I am forwarding the information to the next level of review.

Designated Conservationist

Date

(SCAN SIGNED page for AREA OFFICE)

Decision Maker's Name: _____ Date: _____ Contract Number: _____
Program Assignment: ☐EQIP 1996 ☐EQIP 2002 ☐WHIP ☐CSP Geographic County: _____

NRCS Area Office Actions

- ☐ Confirm that the above information is correct – ☐ IF ALL NEEDED FORMS ABOVE ARE NOT INCLUDED RETURN TO FIELD OFFICE FOR COMPLETION
- ☐ Forward above information to State Office Financial Management Staff
- ☐ Is this contract eligible for interest under the Prompt Payment Act (2004 or prior contracts only) ☐ N/A
- ☐ Area Program Specialist **approves** payment in ProTracts **AFTER** reviewing all information from the Field Office. Include with the payment documentation a pdf version of the NRCS-CPA-1245 showing the electronic signatures of the **Certification by Designated Conservationist** under item **1. CONSERVATION PRACTICES PERFORMED** and Item **3. NRCS APPROVING OFFICIAL CERTIFICATION**.
- ☐ I have completed the actions for my level and I am forwarding the information to the state office for payment processing.

Notes:

Area Program Specialist

Date

SCAN SIGNED page for STATE OFFICE and combine with checklist received from the FIELD OFFICE.

NOTES:

SIGNATURE OF FIELD OFFICE STAFF AND AREA STAFF REQUIRED ON FORM BEFORE PAYMENT WILL BE PROCESSED!

1. The degree of itemization should be in accordance with EQIP and WHIP policy as follows:

For structural and vegetative practices:

- Costs paid by other than the participant
- Discounts
- Whether used materials were used
- Producer's own labor and materials

For contractor provided work, participant will submit invoices that include:

- Date of work performed
- Number of hours and cost per hour for labor and/or equipment or cost per unit
- Other applicable information

For participant-provided labor and equipment, the participant will submit a signed, itemized statement, which will include:

- Date(s) of work performed
- Number of hours and cost per hour charged for labor
- Type of equipment used
- Charge for equipment
- Type and value of materials used, including on-hand or used materials
- Type and value of donated labor or materials
- Other applicable information

The National Agricultural Statistics Service, USDA, publishes a quarterly wage rate by region for hired workers and this can be found at www.nass.usda.gov click on charts and maps, this might assist you in determining reasonable hourly labor rates. Use of Land Grant College equipment rental rates also recommended.

2. When average costs **(AC)** are used, no receipts are required to be sent to the State Office, but they **must** be obtained and forwarded to the Area Office, **do not** place a copy the official case file. Appropriate documentation of practice completion must be maintained in the case file.

3. Participant must submit acceptable **itemized** receipts to support application for payment if cost share is based on actual costs **(AM)**. **If bills are not acceptable, NRCS must reject these within 7 calendar days of receipt (Prompt Payment Act)**

4. If work was done by a TSP and the practice(s) is being certified by a TSP, the TSP will provide documentation including signed certification that the practice meets NRCS standards and specifications. The TSP will verify the extent certified for payment. The TSP will provide bills as required for each practice they are certifying

5. NRCS will process the NRCS-CPA-1245 using the information provided by the TSP and the participant. The NRCS Designated Conservationist must authorize payment in ProTracts on the NRCS-CPA-1245 for a practice completed and certified by a TSP. This authorization does not assume the TSP liability

7. TSP should complete progress reporting in Tech PRS, which can be found on the Tech Reg website and provide to the Designated Conservationist.