

KANSAS
SALINE



United States Department of Agriculture
Farm Service Agency

FARM : 8805

Prepared : 7/10/23 12:30 PM CST

Form: FSA-156EZ

Crop Year : 2023

See Page 3 for non-discriminatory Statements.

Abbreviated 156 Farm Record

Operator Name : LESLIE GIVENS
CRP Contract Number(s) : 11098A
Recon ID : 20-169-2023-126
Transferred From : None
ARCPLC G//F Eligibility : Eligible

Farm Land Data

Farmland	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane	Farm Status	Number Of Tracts
464.11	101.16	101.16	0.00	0.00	0.00	0.00	0.0	Active	2
State Conservation	Other Conservation	Effective DCP Cropland		Double Cropped		CRP	MPL	DCP Ag.Rel. Activity	SOD
0.00	0.00	6.01		0.00		95.15	0.00	0.00	0.00

Crop Election Choice

ARC Individual	ARC County	Price Loss Coverage
None	WHEAT, OATS, SORGH, BARLY	None

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP
Wheat	5.21	74.64	32	0
Oats	0.26	3.75	0	
Grain Sorghum	0.32	4.60	0	0
Barley	0.22	3.22	0	
TOTAL	6.01	86.21		

NOTES

Tract Number : 54478
Description : NW & E/2SW 2-15-2
FSA Physical Location : KANSAS/SALINE
ANSI Physical Location : KANSAS/SALINE
BIA Unit Range Number :
HEL Status : HEL determinations not completed for all fields on the tract
Wetland Status : Wetland determinations not complete
WL Violations : None
Owners : LESLIE GIVENS
Other Producers : MR GREGORY VINCENT ANDERES
Recon ID : 20-169-2023-62

Tract Land Data

Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane
250.81	0.00	0.00	0.00	0.00	0.00	0.00	0.0

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Tract 54478 Continued ...

State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield
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NOTES

Tract Number : 54574
Description : NW; W NE 34-14-2
FSA Physical Location : KANSAS/SALINE
ANSI Physical Location : KANSAS/SALINE
BIA Unit Range Number :
HEL Status : HEL field on tract.Conservation system being actively applied
Wetland Status : Tract does not contain a wetland
WL Violations : None
Owners : LESLIE GIVENS
Other Producers : None
Recon ID : 20-169-2023-125

Tract Land Data

Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane
213.30	101.16	101.16	0.00	0.00	0.00	0.00	0.0
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD
0.00	0.00	6.01	0.00	95.15	0.00	0.00	0.00

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield
Wheat	5.21	74.64	32
Oats	0.26	3.75	0
Grain Sorghum	0.32	4.60	0
Barley	0.22	3.22	0

TOTAL 6.01 86.21

NOTES

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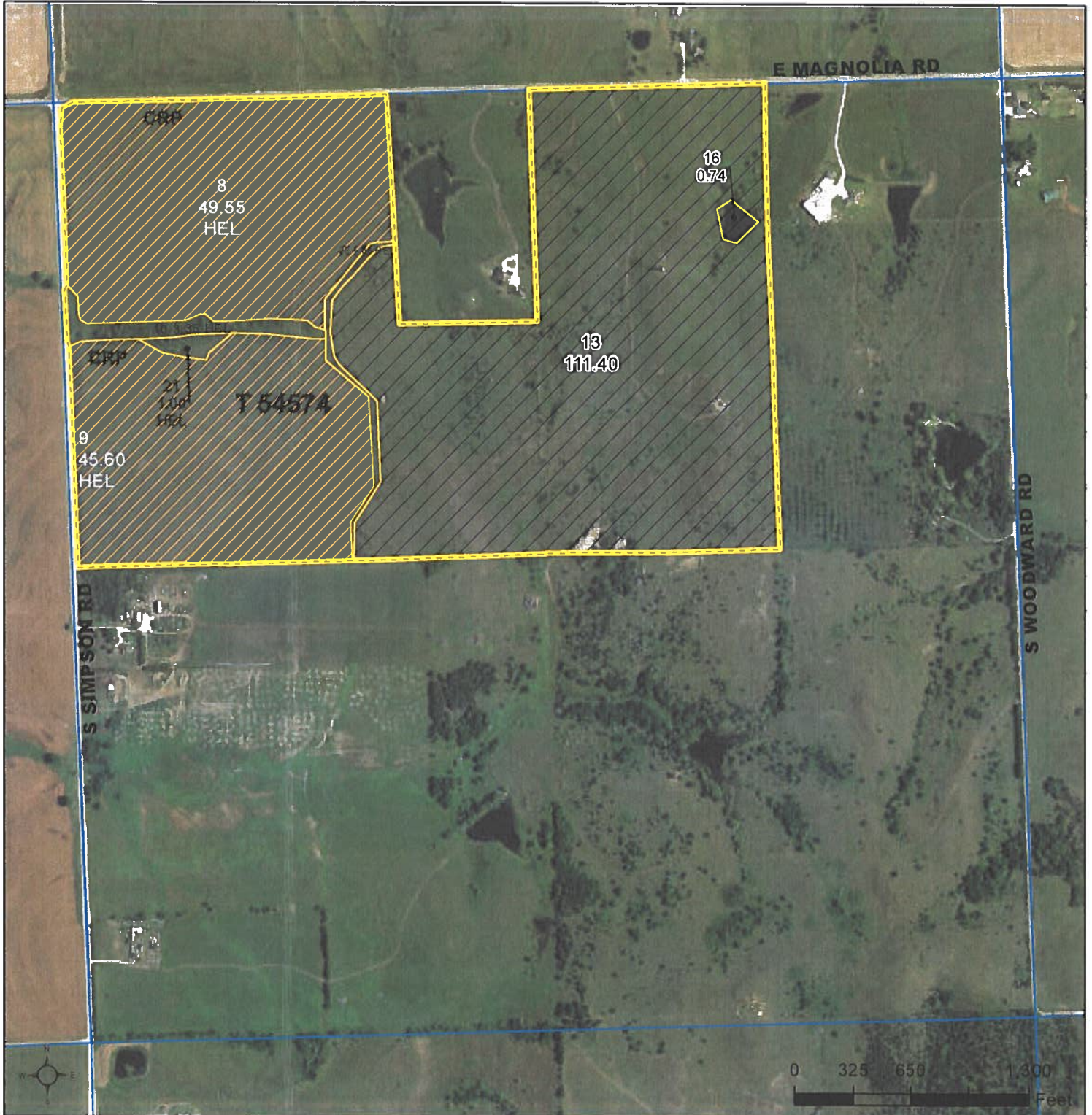
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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide 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) e-mail: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.



United States
Department of
Agriculture

Saline County, Kansas



Common Land Unit

- Non-Cropland
- Cropland

Wetland Determination Identifiers

- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions

- CRP
- Tract Boundary
- PLSS

Unless noted on field:

- | | |
|-----------------------------|--------------------------------|
| 1/ All Wheat HRW, NI, GR | 6/ Grass SMO, NI, FG |
| 2/ All Sorghum GRS, NI, GR | 7/ Alfalfa, NI, FG |
| 3/ All Corn YEL, NI, GR | 8/ Sorghum Forage Cane, NI, FG |
| 4/ All Soybeans COM, NI, GR | 9/ Cotton, NI, GR |
| 5/ Grass NAG, NI, GZ | |

Tract Cropland Total: 101.16 acres

2023 Program Year

Map Created May 11, 2023

Farm 8805

Tract 54574

34-14-2

Displayed over 2021 NAIP

United States Department of Agriculture (USDA) Farm Service Agency (FSA) maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS).

CRP-1 (07-06-20)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	
CONSERVATION RESERVE PROGRAM CONTRACT		1. ST. & CO. CODE & ADMIN. LOCATION <div style="text-align: center;">20 169</div>	
		2. SIGN-UP NUMBER <div style="text-align: center;">56</div>	
		3. CONTRACT NUMBER <div style="text-align: center; background-color: yellow;">11098A</div>	
		4. ACRES FOR ENROLLMENT <div style="text-align: center;">95.15</div>	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) SALINE COUNTY FARM SERVICE AGENCY 1410 E IRON, SUITE #12 SALINA, KS67401-3234		6. TRACT NUMBER <div style="text-align: center;">54574</div>	
		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) TO: (MM-DD-YYYY) <div style="text-align: center;">10-01-2021 09-30-2031</div>	
		8. SIGNUP TYPE: General	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (785) 825-8269			
<i>THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.</i>			
9A. Rental Rate Per Acre <div style="text-align: center;">\$ 59.40</div>		10. Identification of CRP Land (See Page 2 for additional space)	
9B. Annual Contract Payment <div style="text-align: center;">\$ 5,652.00</div>		A. Tract No. <div style="text-align: center;">54574</div>	B. Field No. <div style="text-align: center;">8</div>
9C. First Year Payment <div style="text-align: center;">\$</div>		<div style="text-align: center;">54574</div>	<div style="text-align: center;">9</div>
(Item 9C is applicable only when the first year payment is prorated.)		<div style="text-align: center;">CP4D</div>	<div style="text-align: center;">45.60</div>
<div style="text-align: center;">\$ 3,270.00</div>		<div style="text-align: center;">CP4D</div>	<div style="text-align: center;">45.60</div>
<div style="text-align: center;">\$ 3,010.00</div>			
11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)			
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) LESLIE GIVENS 5734 E MAGNOLIA RD SALINA, KS67401-9018		(2) SHARE <div style="text-align: center;">100.00 %</div>	(3) SIGNATURE (By)
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)		(2) SHARE <div style="text-align: center;">%</div>	(3) SIGNATURE (By)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)		(2) SHARE <div style="text-align: center;">%</div>	(3) SIGNATURE (By)
(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY) <div style="text-align: center;">2-27-2023</div>	
(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)	
(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)	
12. CCC USE ONLY		A. SIGNATURE OF CCC REPRESENTATIVE 	
B. DATE (MM-DD-YYYY) <div style="text-align: center;">2-27-23</div>			
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 the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334) and 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. 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 the Conservation Reserve Program.			
Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). 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.			

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SALINE COUNTY
FARM SERVICE AGENCY

