ILLINOIS IROQUOIS

Form: FSA-156EZ

United States Department of Agriculture

Farm Service Agency

FARM: 6466

2:17 PM CST

Prepared: 3/7/24

Crop Year: 2024

Abbreviated 156 Farm Record

Operator Name

: DALE P PALLISSARD JR

CRP Contract Number(s)

See Page 2 for non-discriminatory Statements.

: 11193A, 11207A

Recon ID

: None

Transferred From

: None

ARCPLC G/I/F Eligibility

: Eligible

	Farm Land Data									
Farmland	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane	Farm Status	Number Of Tracts	
117.93	85.10	85.10	0.00	0.00	0.00	0.00	0.0	Active	1	
State Conservation	Other Conservation	Effective DCP Cropland		Double Cropped		CRP	MPL	DCP Ag.Rel. Activity	SOD	
0.00	0.00	83.20		0.00		1.90	0.00	0.00	0.00	

Crop Election Choice						
ARC Individual	ARC County	Price Loss Coverage				
None	CORN, SOYBN	None				

DCP Crop Data								
Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP				
Corn	78.80	0.00	136	0				
Soybeans	0.30	0.00	39	0				

TOTAL

79.10

0.00

NOTES

Tract Number

: 2947

Description

: CONCORD SEC 15 & 16

FSA Physical Location

: ILLINOIS/IROQUOIS

ANSI Physical Location

: ILLINOIS/IROQUOIS

BIA Unit Range Number

: NHEL: No agricultural commodity planted on undetermined fields

Wetland Status

HEL Status

: Tract contains a wetland or farmed wetland

WL Violations

: None

Owners

: VERONICA POPP TRUST

Other Producers

: None

Recon ID

: None

Tract Land Data									
Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane		
117.93	85.10	85.10	0.00	0.00	0.00	0.00	0.0		

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Tract 2947 Continued ...

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0.00	0.00	83.20	0.00	1.90	0.00	0.00	0.00

DCP Crop Data								
Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield					
Corn	78.80	0.00	136					
Soybeans	0.30	0,00	39					

79.10 0.00 **TOTAL**

NOTES

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 filling deadlines vary by program or incident.

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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.

Page	1	of	1
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CRP-1 U.S. DEPARTMENT OF AGRICULTURE (01-08-24) Commodity Credit Corporation		1. ST. & CO. CODE & ADMIN. LOCATION		
CONSERVATION RESERVE PROGRAM CONTRACT	3. CONTRACT NUMB	ER 193A	4. ACRES FOR ENROLLMENT	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)	6. TRACT NUMBER	7. CONTRACT PERIOD		
IROQUOIS COUNTY FARM SERVICE AGENCY 1001 EAST GRANT STREET SUITE B WATSEKA, IL60970-0100	2947	FROM: (MM-DD-YYYY) 03-01-2015	TO: (MM-DD-YYYY) 09-30-2025	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (815) 432-3946 ×2	8. SIGNUP TYPE: Continuous			

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.

9A. Rental Rate Per Acre \$174.00 10. Identification of CRP Land (See Page 2 for additional space)						
9B. Annual Contract Payment	\$ 209.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	2947	7	CP33	0.50	\$ 65.00
(Item 9C is applicable only when the first year payment is prorated.)		2947	8	CP33	0.70	\$ 91.00

11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)

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A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) VERONICA POPP TRUST 10315 S TROY ST CHICAGO, IL60655-	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
12. CCC USE ONLY A. SIGNAT	URE OF CCC REI	PRESENTATIVE	1. 100-0	B. DATE (MM-DD-YYYY)

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 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), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and the Conservation Reserve Program 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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CRP-1 U.S. DEPARTMENT OF AGRICULTURE (01-08-24) Commodity Credit Corporation			1. ST. & CO. CODE & 17	2. SIGN-UP NUMBER 47	
CONSERVATION RESERVE PROGRAM CONTRACT			3. CONTRACT NUMBI	4. ACRES FOR ENROLLMENT 0.70	
5A. COUNTY FS	A OFFICE ADDRESS (Include Zip Code)		6. TRACT NUMBER	7. CONTRACT PERIOD	
	TY FARM SERVICE AGENCY NT STREET SUITE B 970-0100		2947	FROM: (MM-DD-YYYY) 07-01-2015	TO: (MM-DD-YYYY) 09-30-2025
			8. SIGNUP TYPE: Continuous		
	SA OFFICE PHONE NUMBER Code): (815) 432-3946 ×2		Concinuous		

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