

FSA INFO PACKET



A DIVISION OF WHITETAIL
PROPERTIES REAL ESTATE, LLC

RANCHANDFARMAUCTIONS.COM



Legend

- Tract Boundary
- Non-Cropland
- Cropland
- CRP

Wetland Determination Identifiers

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

2024 Program Year

Map Created March 12, 2024

Farm 3720
Tract 3883

Tract Cropland Total: 71.77 acres

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).

QTY	ITEM
72,325'	4" PLASTIC TILE
2,660'	5" PLASTIC TILE
1,475'	6" PLASTIC TILE
1,510'	8" PLASTIC TILE
200'	10" PLASTIC TILE
275'	12" PLASTIC TILE
0'	15" PLASTIC TILE

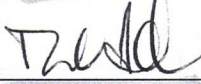
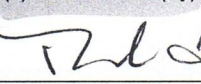
CRP-1 (01-08-24)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE & ADMIN. LOCATION	2. SIGN-UP NUMBER
		17 041	59
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTRACT NUMBER	4. ACRES FOR ENROLLMENT
		11883A	1.20

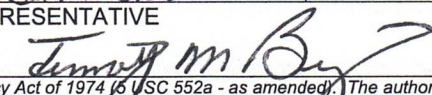
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) DOUGLAS COUNTY FARM SERVICE AGENCY 900 S WASHINGTON ST TUSCOLA, IL61953-9602	6. TRACT NUMBER 3883	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2023 TO: (MM-DD-YYYY) 09-30-2033
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (217) 253-3340 x2	8. 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	\$ 300.00	10. Identification of CRP Land (See Page 2 for additional space)			
9B. Annual Contract Payment	\$ 360.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres
9C. First Year Payment	\$	3883	4	CP8A	1.20
(Item 9C is applicable only when the first year payment is prorated.)					

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) DANIEL H FOLK 807 W MAIN ST URBANA, IL61801-2509	(2) SHARE 50.00 %	(3) SIGNATURE (By) 	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 10/4/24
1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) KARMA IBSEN 807 W MAIN ST URBANA, IL61801-2509	(2) SHARE 50.00 %	(3) SIGNATURE (By) 	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY SPOUSE	(5) DATE (MM-DD-YYYY) 10/4/24
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) CHARLES CONN 443 E WASHINGTON ST ARCOLA, IL61910-1735	(2) SHARE 0.00 %	(3) SIGNATURE (By) See Attached	(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) 5/9/2024
------------------	--	----------------------------------

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), 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.**

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 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) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

RECEIVED
 MAY 06 2024
 DOUGLAS COUNTY FSA

CRP-1 (01-08-24) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO. CODE & ADMIN. LOCATION 17 041 3. CONTRACT NUMBER 11883A	2. SIGN-UP NUMBER 59 4. ACRES FOR ENROLLMENT 1.20
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) DOUGLAS COUNTY FARM SERVICE AGENCY 900 S WASHINGTON ST TUSCOLA, IL61953-9602	6. TRACT NUMBER 3883	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2023 TO: (MM-DD-YYYY) 09-30-2033
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (217) 253-3340 x2	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 \$ 300.00	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment \$ 360.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$	3883	4	CP8A	1.20	\$ 2,160.00
(Item 9C is applicable only when the first year payment is prorated.)					

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) DANIEL H FOLK 807 W MAIN ST URBANA, IL61801-2509	(2) SHARE 50.00 %	(3) SIGNATURE (By) <i>See Attached</i>	(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) KARMA IBSEN 807 W MAIN ST URBANA, IL61801-2509	(2) SHARE 50.00 %	(3) SIGNATURE (By) <i>See Attached</i>	(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) CHARLES CONN 443 E WASHINGTON ST ARCOLA, IL61910-1735	(2) SHARE 0.00 %	(3) SIGNATURE (By) <i>Charles W. Conn</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 4/23/24

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE	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.**

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, audiotope, 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 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) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

RECEIVED

APR 25 2024

DOUGLAS COUNTY FSA

Date Printed: 04/18/2024

11. PARTICIPANTS (CONTINUED FROM PAGE 1)

D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) LINDA CEARLOCK 49 N TERRE HAUTE RD PARIS, IL61944-6811	(2) SHARE 0.00 %	(3) SIGNATURE (By) <i>Linda Cearlock</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 04-22-24
E(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) TERESA ARENDELL 2003 OAKWOOD AVE BLOOMINGTON, IL61704-2409	(2) SHARE 0.00 %	(3) SIGNATURE (By) <i>See Attached</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
F(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE %	(3) SIGNATURE (By) RECEIVED APR 26 2024 DOUGLAS COUNTY PSA	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
G(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)
H(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)
I(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)
J(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)
K(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)
L(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)
M(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)
N(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)
O(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)

11. PARTICIPANTS (CONTINUED FROM PAGE 1)

D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) LINDA CEARLOCK 5149 N TERRE HAUTE RD PARIS, IL61944-6811	(2) SHARE 0.00 %	(3) SIGNATURE (By) <i>See Attached</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
E(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) TERESA ARENDELL 2003 OAKWOOD AVE BLOOMINGTON, IL61704-2409	(2) SHARE 0.00 %	(3) SIGNATURE (By) <i>Teresa Arendell</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 4/23/24
F(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE %	(3) SIGNATURE (By) RECEIVED 25 2024	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
G(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE %	(3) SIGNATURE (By) DOUGLAS COUNTY FSA	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
H(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)
I(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)
J(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)
K(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)
L(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)
M(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)
N(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)
O(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)

U.S. DEPARTMENT OF AGRICULTURE NATURAL RESOURCES CONSERVATION SERVICE		CONSERVATION PLAN OR SCHEDULE OF OPERATIONS		NRCS-CPA-1155 03/2019	
PARTICIPANT DANIEL H FOLK		COUNTY AND STATE Douglas County, Illinois	PROGRAM AND CONTRACT NUMBER CRP 43-24-3192 11883A	FUND CODE	
LAND UNITS OR LEGAL DESCRIPTION Tract: 3883 Fields: 4		WATERSHED Not Applicable	ACRES 1.20	Expiration Date 09/30/2033	

Contract: Item 1														
Waterway - Establish a shaped or graded channel with suitable vegetation to convey surface water at a nonerosive velocity using a broad and shallow cross section to a stable outlet.														
Fields: Tract: 3883 Fields: 4														
Contract Item	PLANNED CONSERVATION TREATMENT	Planned Amount	Unit Cost	Cost Share Rate/Method	Completion Schedule and Estimated Cost Share or Payment by Year									
					2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
					\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
1	Grassed Waterway (412)	1.20 Ac		\$0.00										
1a	Re-Enrolled CRP Acreage, Cover Previously Established (IL2 CVR EST)	1.20 Ac	\$0.00/Ac	0% NC	0.00									

PARTICIPANT DANIEL H FOLK		COUNTY AND STATE Douglas County, Illinois	PROGRAM AND CONTRACT NUMBER CRP 43-24-3192 11883A		FUND CODE
LAND UNITS OR LEGAL DESCRIPTION Tract: 3883 Fields: 4		WATERSHED Not Applicable	ACRES 1.20	Expiration Date 09/30/2033	

Total Cost-Share or Payment by Year											
Year	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	Total Payment
Amount(\$)	0.00										\$0.00

NOTES: A. All items numbers on form NRCS-CPA-1155 must be carried out as part of this contract to prevent violation.

B. When established, the conservation practices identified by the numbered items must be maintained by the participant at no cost to the government.

C. All cost share rates are based on average cost (AC) with the following exceptions.

AA = Actual costs not to exceed average cost. FR = Flat rate. NC = Non cost-shared. AM = Actual cost not to exceed the specified maximum.

NP = Non-Participant Payment.

D. By signing, the participant acknowledges receipt of this conservation plan including this form NRCS-CPA-1155 and agrees to comply with the terms and conditions here of.

CONSERVATION PLAN OR SCHEDULE OF OPERATIONS

NRCS-GPA-1155
03/2019

U.S. DEPARTMENT OF AGRICULTURE
NATURAL RESOURCES CONSERVATION SERVICE

PARTICIPANT DANIEL H FOLK	COUNTY AND STATE Douglas County, Illinois	PROGRAM AND CONTRACT NUMBER CRP 43-24-3192 11883A	FUND CODE
LAND UNITS OR LEGAL DESCRIPTION Tract: 3883 Fields: 4	WATERSHED Not Applicable	ACRES 1.20	Expiration Date 09/30/2033

Certification of Participants

Signature  DANIEL H FOLK	Date RECEIVED MAY 06 2024 DOUGLAS COUNTY FSA 1 May 24
Signature  KARMA IBSEN	Date DOUGLAS COUNTY FSA 1 May 24
Signature  CHARLES CONN	Date
Signature  LINDA CEARLOCK	Date
Signature  TERESA ARENDELL	Date

PARTICIPANT DANIEL H FOLK	COUNTY AND STATE Douglas County, Illinois	PROGRAM AND CONTRACT NUMBER CRP 43-24-3192	FUND CODE
LAND UNITS OR LEGAL DESCRIPTION Tract: 3883 Fields: 4		WATERSHED Not Applicable	ACRES 1.20
			Expiration Date 09/30/2033

Certification of Participants	
Signature	Date
DANIEL H FOLK <i>See Attached</i>	
Signature	Date
KARMA IBSEN <i>See Attached</i>	
Signature	Date
CHARLES CONN <i>Charles W. Conn</i>	<i>4/23/24</i>
Signature	Date
LINDA CEARLOCK <i>See Attached</i>	
Signature	Date
TERESA ARENDELL <i>See Attached</i>	

U.S. DEPARTMENT OF AGRICULTURE NATURAL RESOURCES CONSERVATION SERVICE		CONSERVATION PLAN OR SCHEDULE OF OPERATIONS			NRCS-CPA-1155 03/2019	
PARTICIPANT DANIEL H FOLK		COUNTY AND STATE Douglas County, Illinois	PROGRAM AND CONTRACT NUMBER CRP 43-24-3192 11883A	FUND CODE		
LAND UNITS OR LEGAL DESCRIPTION Tract: 3883 Fields: 4		WATERSHED Not Applicable	ACRES 1.20	Expiration Date 09/30/2033		

Certification of Participants	
Signature	Date
DANIEL H FOLK <i>See Attached</i>	
Signature	Date
KARMA IBSEN <i>See Attached</i>	
Signature	Date
CHARLES CONN <i>See Attached</i>	
Signature <i>Linda Cearlock</i> LINDA CEARLOCK	Date 04-22-24
Signature	Date
TERESA ARENDELL <i>See Attached</i>	DOUGLAS COUNTY FSA

RECEIVED

APR 26 2024

U.S. DEPARTMENT OF AGRICULTURE
NATURAL RESOURCES CONSERVATION SERVICE

CONSERVATION PLAN OR SCHEDULE OF OPERATIONS

NRCS-CPA-1155
03/2019

PARTICIPANT DANIEL H FOLK	COUNTY AND STATE Douglas County, Illinois	PROGRAM AND CONTRACT NUMBER CRP 43-24-3192 11883A	FUND CODE
LAND UNITS OR LEGAL DESCRIPTION Tract: 3883 Fields: 4	WATERSHED Not Applicable	ACRES 1.20	Expiration Date 09/30/2033

Certification of Participants	
Signature	Date
DANIEL H FOLK <i>See Attached</i>	
KARMA IBSEN <i>See Attached</i>	
CHARLES CONN <i>See Attached</i>	
LINDA CEARLOCK <i>See Attached</i>	
TERESA ARENDELL <i>Teresa Arendell</i>	4/23/24

RECEIVED

APR 25 2024

DOUGLAS COUNTY FSA

PARTICIPANT DANIEL H FOLK	COUNTY AND STATE Douglas County, Illinois	PROGRAM AND CONTRACT NUMBER CRP 43-24-3192 11883A	FUND CODE
LAND UNITS OR LEGAL DESCRIPTION Tract: 3883 Fields: 4		WATERSHED Not Applicable	ACRES 1.20
		Expiration Date 09/30/2033	

Signature of Reviewing Officials

Technical Adequacy Certification	Date
Signature	
NRCS Approving Official	Date 5/6/24
Signature	
FSA Approving Official	Date 5/9/2024
Signature	
Conservation District	
Signature	Date 5/7/24

PRIVACY ACT

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C 522a). Furnishing this information is voluntary; however failure to furnish correct, complete information will result in the withholding or withdrawal of such technical or financial assistance. The information may be furnished to other USDA agencies, the Internal Revenue Service, the Department of Justice, or other state or federal law enforcement agencies, or in response to orders of a court, magistrate, or administrative tribunal.

This information collection is exempted from the Paperwork Reduction Act under 16 U.S.C. 3801 note and 16 U.S.C. 3846.

NONDISCRIMINATION 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 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.