CRP-1 U.S. DEPARTMENT OF		DE	14.07				Page 1 of 1		
(07-06-20) Commodity Credi		ĸe	1. 51	& CO. CODE &	2. SIGN-UP NUMBER				
	1.000	19 049							
	M CONTRACT	3. CONTRACT NUMBER				4. ACRES FOR ENROLLMENT 34,90			
5A. COUNTY FSA OFFICE ADDRESS (Inclu	de Zip Code)		6. TR	ACT NUMBER	7. CON	<b>FRACT PERIO</b>			
ALLAS COUNTY FARM SERVICE AGENCY 918 GREENE STREET, STE 1				27700	FROM: (MM-DD-YYYY)		TO: (MM-DD-YYY)		
DEL, IA 50003-0000				27700		01-2022	09-30-2032		
			8. SIG	NUP TYPE:	<u> </u>		AMA		
B. COUNTY FSA OFFICE PHONE NUMBE (Include Area Code): (515) 993-4205	R			eral		9	X 3-16		
CCC for the stipulated contract period from the acreage the Conservation Plan developed for a comply with the terms and conditions contain Program Contract (referred to as "Appendix"). applicable contract period. The terms and con- hereto. BY SIGNING THIS CONTRACT PARTI- addendum thereto; and, CRP-2, CRP-2C, CRP-	ed in this Cont By signing be iditions of this CIPANTS ACK	ract, including the Ap alow, the Participant a contract are contain NOWI EDGE RECEIP	opendix to this acknowledges	Contract, entitle receipt of a cop	tionally, th ed Append y of the Ap	e Participant a lix to CRP-1, Co pendix/Appen	nd CCC agree to onservation Reserve dices for the		
A. Rental Rate Per Acre \$164.56	the second se	and the second se	on of CRP La	of CRP Land (See Page 2 for additional space)					
	ment \$ 5,743.00		B. Field No.			D. Acres	E. Total Estimated		
C. First Year Payment \$ X	114.1	27700	0002	CP1		34.90	Cost-Share \$ 0.00		
tem 9C is applicable only when the first year prorated.)	al & Date payment is								
1. PARTICIPANTS (If more than the	ree individua	als are signing, se	ee Page 3	)					
(1) PARTICIPANT'S NAME AND	2) SHARE	(3) SIGNATURE (B	By)	(4) TITLE/REL	ATIONSHI	P OF THE	(5) DATE		
ADDRESS (Include Zip Code) GER R GIPPLE		ANIV		INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(MM-DD-YYYY)		
	100.00%	AMI					03-16-20:		
(1) PARTICIPANT'S NAME AND (2 ADDRESS (Include Zip Code)	2) SHARE %	(3) SIGNATURE (B	βy)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(5) DATE (MM-DD-YYYY)		
(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) (2	2) SHARE %	(3) SIGNATURE (B	3y)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(5) DATE (MM-DD-YYYY)		
2. CCC USE ONLY A. SIGNATURE	OF CCC REI	PRESENTATIVE					B. DATE (MM-DD-YYYY)		
the second state of the se	nea with the Deba	BCy Act of 1974 (5 USC	552a - as amen	ded). The authority	for request	ing the informatic	on Identified on this form t of 2014 (16 U.S.C. to participate in and		

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 (a – Danite, incident, 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 (volce 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 <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a> 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 filing\_cust.html 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.

CRP-2 U.S. DEP/ (06-14-21)			S. DEPARTMENT OF AGRICULTURE Farm Service Agency				1. Tract Number			y Act and Public Burden Statements) 2. Program Year			
			ERVATION RESERVE PROGRAM				-	0027700		2023			
	CC	DNSERV				GRAM		3A. Sign	Un Nu	mher	3B Effectiv	Data (international)	
(For General Signup)									58		3B. Effective Date (MM-DD-YYYY)		
4A. County FS	SA Office Addr	ess (Zip Cod	le):			AC Brod	lun hi					01-2022	
DALLAS COU 1918 GREEN ADEL, IA S	NE STREET,	SERVICE STE 1	AGENCY			ROGER	R GIP	ame and A PLE	ddress	s (Zip Code	):	M	
4B. County FS	SA Office Phon	ne Number (/	nclude Area	Code)	19-11-11-12-12-12-12-12-12-12-12-12-12-12-	4D. Produ	ucer Ph	one No. //r	nclude	Aree Code	X	3-16.	
5A. State & Co	(515) 993					4D. Producer Phone No. (Include Area Code) Initial & Date							
Admin. Lo	cation	Phys	e & County C sical Location	) 1		6. Contract Number			7. Acres for Enrollment 34,90				
19049 19049					8. Signup Type			9. Rental Rate Per Acre Offered \$ 164.56					
10. PRACTICE	S (See Page .	3 for addition	al space):				X_	ial & Da		6-22	ACRES: (Ent	11. LITY CATEGORY BY er the amount eligible	
A. Field No.	B. Practice No.	C. Practice Status	A	D. Acres		E. ated Cost are (\$)	T	F. G. Length N1a Point Va		N1a	El 8 or Greater	0.00	
0002	CP1	EXISTIN	IG 3.	4.90	\$	0.00		10		10 National CP		34.90	
											State CPA	0.00	
											Expiring CRP	34.90	
10 11-11-110													
12. National Ra								13	. N1 3	Subfactors:	2		
N1	N	2	N3		N4		N5		N1a		N1b	N1c	
10	5:	3	100		0		17	10		0	0	0	
14. N2 Subfact	tors:				15. NS	5 Subfactors	s:						
N2a		N2b	1	V2c		N5a		N5b			N5c	N5d	
0	8 45		14 0				0	3					
16. N6 Subfact	or:		-		17. HU	C Number:							
		0			-			071	0000	70603			
18. Soil Map D	ata and Maxim	num Paymen	t Rate Calcul	ations:									
	A. Physical Lo	cation	B. Soil Survey	ID No.	Map	C. Map Unit Symbol		D. Acre s		E. Soil Rental Rate		F. Total Rent	
1) Primary	19049	,	IA049	)		993D2		16.76 X		<b>\$</b> 155 =		\$2597.80	
2) Secondary	19049	,	IA049	)	76	76C2		8.95 X		\$ 206 =			
3) Tertiary	19049	)	IA049	)	41	9F		7.67 X		\$103 =			
						TOTALS		33.38		建步行		\$ 5231.51	
<ol> <li>Weighted Av total divided</li> <li>\$ 156.73</li> </ol>	verage Soil Rei by Col. 18D to	ntal Rate (Co tal)		Item 19 t	imes weigh	tice Incentiv ated average e for the pra	e applic	ult of able	21. N	Maximum P tem 19 plus	ayment Rate Pe the result of ite	ar Acre (Result of	

22. Tract No.	23. Current	24. Current Crop	For Items 22 through 25 (See Page 4 for additional space) 25. Crop Land Use Summary									
	Field No.	or Land Use	A. Offered Acres	B. Crop History Eligible Acres	C. 2012	D. 2013	E. 2014	F. 2015	<b>G.</b> 2016	H. 2017		
0027700	0002	CRP	34.90	34.90	CRP	CRP	CRP	CRP	CRP	CRP		
	2	6. TOTALS >	34.90	34,90	1.00							

## 27. PRODUCER'S CERTIFICATION:

By signing below I certify to all of the following: (1) All of the Environmental Benefits Index (EBI) factors and subfactors N1 through N5 have been explained to me; (2) I have been informed that planting an approved mixture of covers that benefit wildlife, enhancing the existing cover to provide a mixture that benefits wildlife, if applicable, and/or creating and maintaining open areas of approved herbaceous cover, may improve the acceptability of the offer; (3) I have been informed of the estimated cost of establishing the cover offered; (4) I have been informed that offering a per acre rental payment that is less than the calculated annual maximum payment rate may enhance the acceptability of the offer; (5) I have been informed that certain land enrolled in the EQIP pursuant to regulations at 7 CFR Part 1466 is ineligible for enrollment in the CRP; (7) To the best of my knowledge and belief the acreage of crops and land listed herein, if applicable, are true and correct; and (8) The signing of this form gives USDA representatives authorization to enter and inspect crops and land uses, and enter and inspect for other purposes, on the above-identified land.

I understand that an inaccurate certification could result in a payment reduction or loss of program benefits.

27A. Signature (By)							
	27B. Title/Relationship of the Individual if Signing in a Representative Capacity	27C. DATE (MM-DD-YYYY)					
X Roger Gipple		X 03-16-2022					

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) 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 of ineligibility to participate in and receive benefits under the Conservation 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.

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