

CRP-1 (05-05-25) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST. & CO. CODE & ADMIN. LOCATION 19 121		2. SIGN-UP NUMBER 48	
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTRACT NUMBER 11208		4. ACRES FOR ENROLLMENT 17.22	
5A. COUNTY FSA OFFICE ADDRESS <i>(Include Zip Code)</i> MADISON COUNTY FARM SERVICE AGENCY 815 E HIGHWAY 92 WINTERSET, IA50273-2300		6. TRACT NUMBER 1080		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) TO: (MM-DD-YYYY) 11-01-2016 09-30-2027	
5B. COUNTY FSA OFFICE PHONE NUMBER <i>(Include Area Code):</i> (515) 462-4884		8. SIGNUP TYPE: HEL Iowa			
INSTRUCTIONS: RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.					
<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 \$ 189.36		10. Identification of CRP Land <i>(See Page 2 for additional space)</i>			
9B. Annual Contract Payment \$ 3,261.00		A. Tract No.	B. Field No.	C. Practice No.	D. Acres
9C. First Year Payment \$		1080	1	CP1	7.63
<i>(Item 9C is applicable only when the first year payment is prorated.)</i>		1080	2	CP1	9.59
					\$ 305.00
					\$ 384.00
11. PARTICIPANTS <i>(If more than three individuals are signing, see Page 3.)</i>					
A(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>		(2) SHARE 100.00 %		(3) SIGNATURE (By)	
B(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>		(2) SHARE 0.00 %		(3) SIGNATURE (By)	
C(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>		(2) SHARE %		(3) SIGNATURE (By)	
(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE <i>(MM-DD-YYYY)</i>	
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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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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 <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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