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This form is available electr	onically.	(0)) Sahayen	5) Kr9	ger			D 1	
CRP-1 U.S. DEI	PARTMENT OF AGRICULTURE	. 14	Stand Mar	1. ST. & C	O CODE & ADMI		2. SIGN-UF	Page 1 of 1 NUMBER	
(10-22-15) Co	mmodity Credit Corporation	RECE	11/3	LOCAT	ION				
				19 133				48	
CONSERVATION RESERVE PROGRAM CONTRACT			3. CONTRACT NUMBER 4.			4 ACRES	4. ACRES FOR ENROLLMENT		
	DEAF		11229E			8.10			
7A. COUNTY OFFICE ADDR	RECEIVED		5. FARM NUMBER		6. TRACT NUMBER(S)				
MONONA COUNTY F 211 IOWA AVENUE		9 2019			9790				
ONAWA, IA 51040		MIN UJ	ZUIJ	8 OFFER	(Select one)		O CONTRA	CT PERIOD	
	•	MONONA	COLUMN	GENERAL	(Colour One)		FROM:	TO:	
7B. TELEPHONE NUMBER (Include Area Code): (712) 423-1		MONONA COUNTY 1311FSA OFFICE		ENVIRONMENTAL PRIORITY		1	(MM-DD-YYYY) (MM-DD-YYYY) 02-01-2016 09-30-20		
period from the date the Contrac such acreage and approved by t Contract, including the Appendix Participant acknowledges that a damages in an amount specified contained in this Form CRP-1 OF THE FOLLOWING FORMS:	between the Commodity Credit Corees to place the designated acrea, tis executed by the CCC. The Par he CCC and the Participant. Addition to this Contract, entitled Appendix copy of the Appendix for the applic in the Appendix if the Participant wand in the CRP-1 Appendix and a CRP-1; CRP-1 Appendix, and any	ye into the Control of the Control o	nservation ingrees to impricipant and inservation Feriod has be to CCC according thereto. If thereto; CR	Reserve Progrolement on sulface to CC agree to Reserve Progreen provided to Reptance or reserve SY SIGNING P-2; CRP-2C,	ram ("CRP") or othing the designated acressor of the total acressor of the terminate of the	er use a page the erms a red to a ach per s and o PROD	set by CCC for e Conservation nd conditions (as "Appendix"). son also agree conditions of the UCERS ACKA	the stipulated contract Plan developed for contained in this By signing below, the s to pay such liquidated	
10A. Rental Rate Per Acre	\$236.67	11. Identif	ication of	CRP Land	(See Page 2 for	addit	ional space)		
10B. Annual Contract Paymer	nt \$1,917	A. Tract No	o. B.	Field No.	C. Practice No.		D. Acres	E. Total Estimated Cost-Share	
10C. First Year Payment	s pd 10/17/23	9790		13	CP42		8.10	\$ 4,293	
(Item 10C applicable only to co the first year payment is prorat	ontinuous signup when led.)								
PO BOX 2716 SIOUX CITY, IA 51106-0716				(3) SIGNATURE (B) SIGNATURE (B) SIGNATURE			distre (4)	(4) DATE (MM-DD-YYYY) (4) DATE (MM-DD-YYYY)	
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE	%	(3) SIGNATURE			(4) DATE (MM-DD-YYYY)		
13. CCC USE ONLY	A. SIGNATURE OF CCC I	REPRESEN	ITATIVE				B	DATE (MM-DD-YYYY)	
			V	i N.	e de la companya de l	CE		1	
of 2014 (Pub. L. 113-79 information collected or authorized access to the Farm Records File (Authorized in the ligibility to participate This information collection provisions of appropriate COUNTY FSA OFFICE The U.S. Department of Agriculture disability, sex, gender identity, religincome is derived from any public in come is derived from any public.	e (USDA) prohibits discrimination agai iion, reprisal, and where applicable, po assistance program, or protected gene	ter At (19 0.5) Federal, State, I and/or as description is volumeservation Result of the statutes institutes in institutes institutes institutes institutes institutes institute	c. 114 et seu Local govern ibed in applii untary. Howe erve Program s specified in may be appli rs, employee narital status	a - &s amended y). The Food S the in and receiver ment agencies cable Routine to ever, failure to in the Agriculturicable to the in s, and applica- it failial or pai	ecurity Act of 1995 (we benefits under the Tribal agencies, and Uses identified in the furnish the requested al Act of 2014 (Pub. formation provided. Ints for employment cental status, sexual	teques 16 U.S. e Conse do nong e System d inform L. 113- RETUI orienta	ting the informal C. 3801 et seq.; ervation Reserve overnmental en of Records No hation will result 79, Title I, Subti RN THIS COMP hasis of race, co tion, or all or par	l, and the Agricultural Act Program. The tities that have been blice for USDA/FSA-2, in a determination of the F, Administration). The LETED FORM TO YOUR for, national origin, age, rt of an individual's	
alternative means of communication individuals who are deaf, hard of high (800) 877-8339 or (800) 845-6136 If you wish to file a Civil Rights projection of the file of the file and the file and the file and the file of the	ograms arraid emproyment activities.) In for program information (e.g., Braille Baring, or have speech disabilities and	e, large print, au d wish to file eiti uplete the USDA A Office, or call	oisabilities, v udiotape, etc. her an EEO A Program Di (866) 632-95	ono wish to tile) please conta or program cor scrimination C	a program complair ct USDA's TARGET mplaint, please conte omplaint Form, foun the form. You may	nt, write Center act USD d online also wri	to the address in at (202) 720-20 OA through the Final at the contact of the cont	below or if you require 300 (voice and TDD), ederal Relay Service at	
lI	County Office Copy		7	's Copy	, e	Γ		erator's Copy	