USDA

United States Department of Agriculture

Farm
Production
and
Conservation

Farm
Service
Agency

Pocahontas County
FSA
600 West Elm Ave
Pocahontas, IA
50574-1858

Voice:712-335-3596
Fax:855-218-8670

NOTICE OF CONTRACT APPROVAL

Date (MM-DD-YYYY) 9/28/20

Dear: Saint Gabriel's Communications LTD

Your offer to place land in the Conservation Reserve Program (CRP) has been approved by the Pocahontas County Committee.

Enclosed are your signed copies of the CRP contract and attachments. The effective date of the CRP contract is 10/01/2020.

Form FSA-848 is provided for those conservation practices that are to be established in accordance with the approved conservation plan as part of your contract. When the practices are completed, you must provide this office a report of performance by signing the FSA-848B and include all receipts affiliated with practice establishment so cost-share payment can be made.

Sincerely,

Paul E Berte

Paul E Berte
County Executive Director

PB/JB

Enclosures: CRP-1, Map

CRP-24 (10-22-15)

CRP-1 (12-02-19) — U.S. DEPARTMENT OF AGRICULTURE, Commodity Credit Corporation

CONSERVATION RESERVE PROGRAM CONTRACT

1. ST. & CO. CODE & ADMIN. LOCATION	19 151
2. SIGN-UP NUMBER	54
3. CONTRACT NUMBER	11964
4. ACRES FOR ENROLLMENT	20.10
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)	POCAHONTAS COUNTY FARM SERVICE AGENCY 600 WEST ELM AVE POCAHONTAS, IA 50574-1858
6. TRACT NUMBER	0012254
7. CONTRACT PERIOD	FROM: (MM-DD-YYYY) 10-01-2020 — TO: (MM-DD-YYYY) 09-30-2030
8. SIGNUP TYPE	General
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code)	(712) 335-3596

Initial: BF Date: 2/4/2020 GB 2-4-20

***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; CRP-2; CRP-2C; or CRP-2G.*

9A. Rental Rate Per Acre	$169.52
9B. Annual Contract Payment	$3,407.00
9C. First Year Payment (Item 9C is applicable only when the first year payment is prorated.)	$ Initial: BF Date: 2/4/2020 GB 2-4-20

10. Identification of CRP Land *(See Page 2 for additional space)*

A. Tract No.	B. Field No.	C. Practice No	D. Acres	E. Total Estimated Cost-Share
0012254	0021	CP38E 2	12.50	$ 2,288.00
0012254	0022	CP38E-2	7.60	$ 1,391.00

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

	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) SAINT GABRIEL'S COMMUNICATIONS LTD FARMERS NATIONAL COMPANY PO BOX 158 LINN GROVE, IA 51033 0158	0.00 %	X St Gabriel's Communication LTD by [signature]	X PoA	X 09-8-2020
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) BRADLEY JOSEPH FRERK 1175 220TH ST GILMORE CITY, IA 50541-8709	100.00 %	X [signature]		X 2/4/2020
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%			

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE	B. DATE (MM-DD-YYYY)
	Paul E. Burke, CED	9/28/2020

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 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.

Date Printed: 01/29/2020

Scenario Map

General Signup 54
Scenario Name: FrerkStGabriels_CP38E_2GG (1)
Tract: 12254