1							Page 1 of 1
U.S. DEPARTMENT (05-05-25) Commodity C	RE	1. ST	. & CO. CODE & ADMIN, LOCATION 19 037			2. SIGN-UP NUMBER 63	
CONSERVATION RESER	M CONTRAC	3. CC	3. CONTRACT NUMBER			4. ACRES FOR ENROLLMENT 26.26	
5A. COUNTY FSA OFFICE ADDRESS (/			6. TR	ACT NUMBER	7. CON	TRACT PERIO	D
CHICKASAW COUNTY FARM SERVICE AGENCY PO BOX 410 NEW HAMPTON, IA 50659-0410				9927		(MM-DD-YYYY) 1-2025	TO: (MM-DD-YYYY)
			8. SIC	SNUP TYPE:			
5B. COUNTY FSA OFFICE PHONE NUM (Include Area Code): (641) 394-5929	MBER		SAF	E - IA Ga	ainin	g Ground	A SAFE
INSTRUCTIONS: RETURN THIS COMPL	ETED FORM TO Y	OUR COUNTY FS	A OFFICE.			CN	6-6-23
CCC for the stipulated contract period froi acreage the Conservation Plan developed comply with the terms and conditions con Program Contract (referred to as "Append applicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT PA addendum thereto; and, CRP-2, CRP-2C, C	for such acreage at tained in this Contr. ix"). By signing bel I conditions of this o RTICIPANTS ACKN CRP-2G, or CRP-2C	nd approved by the act, including the low, the Participani contract are contal IOWLEDGE RECEI 30, as applicable.	e CCC and the F Appendix to this t acknowledges ned in this Fori PT OF THE FOL	Participant. Addits S Contract, entitle S receipt of a copy The CRP-1 and in the LOWING FORMS	tionally, the Append of Append y of the Append oe CRP-1;	ne Participant a dix to CRP-1, Co opendix/Appen Appendix and a CRP-1 Appendi	nd CCC agree to onservation Reserve dices for the any addendum ix and any
A. Rental Rate Per Acre \$ 232.	.00	10. Identificati	ion of CRP La	and (See Page :	2 for add	litional space)	
B. Annual Contract Payment \$ 6,09	B. Annual Contract Payment \$ 6,092.00		B. Field No.	C. Practice	No.	D. Acres	E. Total Estimated Cost-Share
C. First Year Payment \$		9927	0003	CP38E-	-4D	2.70	\$ 367.00
(Item 9C is applicable only when the first year payment is prorated.)		9927	0006	CP38E-	-4D	23.56	\$ 3,204.00
1. PARTICIPANTS (If more than	three individua	Is are signing.	see Page 3.)	<u>-</u>		
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) AROLYN MARIE NELSON 465 170TH ST ONIA, IA 50645-9348	(2) SHARE	(3) SIGNATURE		(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) SHARE	(3) SIGNATURE ((Ву)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		IN THE	(5) DATE (MM-DD-YYYY)
C(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)
2. CCC USE ONLY A. SIGNATU	RE OF CCC REP	RESENTATIVE					B. DATE (MM-DD-YYYY)
IOTE: Privacy Act Statement: The following sinformation identified on this form is the Agricultural Act of 2014 (16 U.S.C. 3831 Act, 2024 (Pub. L. 118-22), the America determine eligibility to participate in and Federal, State, Local government agenc or as described in applicable Routine Usinformation is voluntary. However, failur Conservation Reserve Program. Paperwork Reduction Act (PRA) State	et seq), the Agricultur in Relief Act, 2025 (Put receive benefits under cies, Tribal agencies, a ses identified in the Sys re to furnish the reques	poration Charter Act (all Improvement Act o b. L. 118-158), and the the Conservation Re nd nongovernmental o stem of Records Notic ted information will re	(15 U.S.C. 714 et f 2018 (Pub. L. 1 e Conservation Ri serve Program. entities that have ce for USDA/FSA sult in a determin	seq.), the Food Sec 15-334), the Further esserve Program 7 C The information colle been authorized ac -2, Farm Records Fi ation of ineligibility t	curity Act of Continuing FR Part 14 acted on the cess to the ile (Automato participal	f 1985 (16 U.S.C. q Appropriations at 110. The informat is form may be di information by st ited). Providing the le in and receive t	3801 et seq.), the ind Other Extensions ion will be used to sclosed to other atute or regulation and/

Non-Discrimination 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, 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 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 explaint another than a letter addressed 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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CRP-1 (05-05-25)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE & ADMIN. LOCATION 19 037		Page 1 of 1 2. SIGN-UP NUMBER 63
CONSERVATION RESERVE PROGRAM CONTRACT 5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) CHICKASAW COUNTY FARM SERVICE AGENCY PO BOX 410 NEW HAMPTON, IA 50659-0410		3. CONTRACT NUME	4. ACRES FOR ENROLLMENT 6.60	
		6. TRACT NUMBER	7. CONTRACT PERIOD	
		9927	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
			10-01-2025	09-30-2033
	SA OFFICE PHONE NUMBER Code): (641) 394-5929	8. SIGNUP TYPE: Continuous	CN	6-6-25
INSTRUCTIONS	: RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OF	FICE.		
CCC for the stipu	is entered into between the Commodity Credit Corporation (referred the Participant".) The Participant agrees to place the designated acre- tilated contract period from the date the Contract is executed by the derivation Plan developed for such acreage and approved by the CCC	age into the Conservation	Reserve Program ("CRP"	rs, or tenants) or other use set by

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 \$ 278.40 10. Identification of CRP Land (See Page 2 for additional space) 9B. Annual Contract Payment \$1,837.00 A. Tract No. B. Field No. E. Total Estimated C. Practice No. D. Acres Cost-Share 9C. First Year Payment 9927 0002 CP21 6.60 \$ 1,208.00

(Item 9C is applicable only when the first year payment is prorated.)

11. PARTICIPANTS (If more than three individuals

A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) CAROLYN MARIE NELSON 1465 170TH ST IONIA, IA 50645-9348	(2) SHARE	(3) SIGNATURE (By) Caroly Vel	(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)	(2) SHARE	(3) SIGNATURE (By)	(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) 12. CCC USE ONLY A SIGNAT	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
A. SIGNAT	URE OF CCC REF	PRESENTATIVE		B. DATE (MM-DD-YYYY)

Privacy Act Statement: 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 NOTE: 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), the American Relief Act, 2025 (Pub. L. 118-158), 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

Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1).

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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-programdiscrimination-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 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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