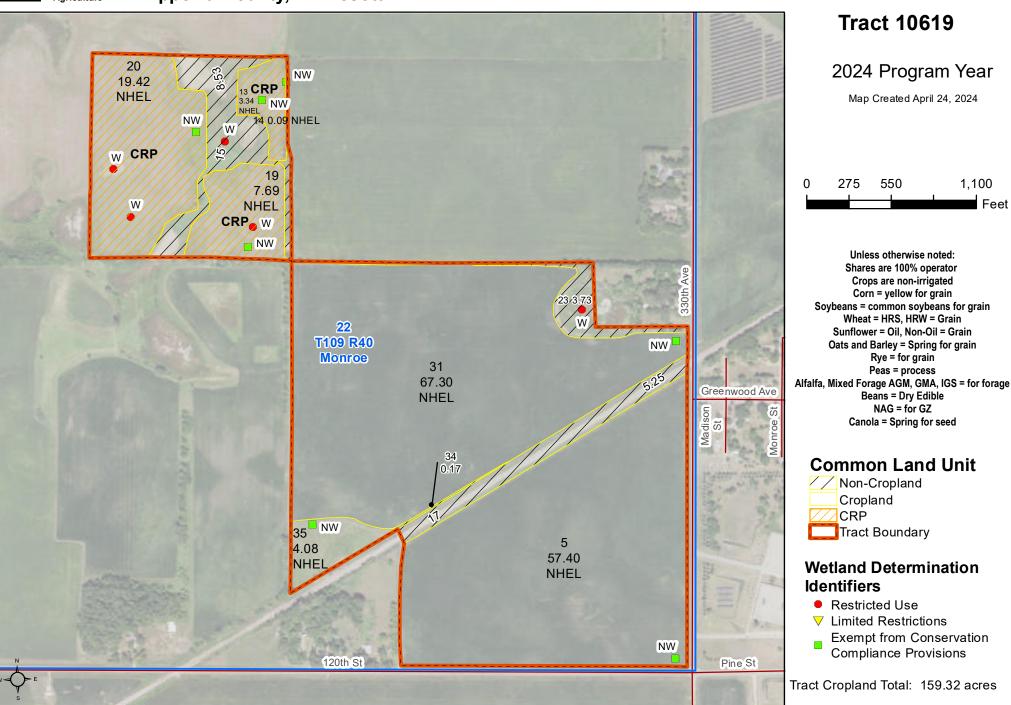


## Department of Agriculture Chippewa County, Minnesota



Farm 6323

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							Page 1 of 1
CRP-1 U.S. DEPARTMENT C	E	1. ST.	1. ST. & CO. CODE & ADMIN. LOCATION			2. SIGN-UP	
(01-08-24) Commodity Cre			27 023			NUMBER 55	
			CONTRACT NUMBER			4. ACRES FOR	
CONSERVATION RESERV	CONTRACT		11			ENROLLMENT 30.45	
5A. COUNTY FSA OFFICE ADDRESS (Inc		6. TRA	6. TRACT NUMBER		7. CONTRACT PERIOD		
CHIPPEWA COUNTY FARM SERVICE AGEN			10619	•	MM-DD-YYYY)	TO: (MM-DD-YYYY)	
629 N 11TH STREET SUITE 8 MONTEVIDEO, MN56265-1692			10019	10-0	01-2021	09-30-2031	
			8. SIGNUP TYPE:				
5B. COUNTY FSA OFFICE PHONE NUME		Cont	Continuous				
(Include Area Code): (320)269-6528							
(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 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; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.							
9A. Rental Rate Per Acre \$ 298.8	10. Identification	on of CRP La	of CRP Land (See Page		tional space)		
9B. Annual Contract Payment \$9,102.00		A. Tract No.	B. Field No.	C. Practice	e No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$		10619	0013	CP23	A	3.34	\$ 381.00
(Item 9C is applicable only when the first year payment is prorated.)		10619	0019	CP23	А	7.69	\$ 877.00
		10619	0020	CP23	A	19.42	\$ 2,214.00
11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)							
		(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE			(5) DATE
ADDRESS (Include Zip Code) JOHN MOON 9030 COUNTY ROAD 15 SW MONTEVIDEO, MN56265-3658	0.00%			INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(MM-DD-YYYY)
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE			(5) DATE
ADDRESS (Include Zip Code) CHRISTINE DOSTAL				INDIVIDUAL SIGNING IN THE			(MM-DD-YYYY)
23179 COUNTY ROAD 1 BERTHOUD, CO80513-9114	50.00%			REPRESENTATIVE CAPACITY			
C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (	(By)	(4) TITLE/REL			(5) DATE
ADDRESS (Include Zip Code) ATRICIA A HAHN D30 COUNTY ROAD 15 SW 50.00 %				INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(MM-DD-YYYY)
MONTEVIDEO, MN56265-3658 12. CCC USE ONLY A. SIGNATUR							B. DATE
12. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE							(MM-DD-YYYY)
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 Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), 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 objected 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.							

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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 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 <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 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: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>. USDA is an equal opportunity provider, employer, and lender.