This form is available electronically.								Page 1 of 1	
CRP-1 U.S. DEPARTMENT OF AGRICULTURE			ST. & CO CODE & ADMIN,     LOCATION			2. SIGN-UP NUMBER			
(10-22-15) Commodity Credit Corporation			LOCATION						
			55 043			28			
CONSERVATION RESERVE PROGRAM CONTRACT		-	3. CONTRACT NUMBER			4. ACRES FOR ENROLLMENT			
			2064C			8.70			
7A. COUNTY OFFICE ADDRESS (Include Zip Code)			5. FARM NUMBER			6. TRACT NUMBER(S)			
GRANT COUNTY FARM SERVICE AGENCY 150 WEST ALONA LANE, STE 4			10280			1910			
LANCASTER, WI 53813-2182			8. OFFER (Select one) 9. C			9 CON	TDACT	PERION	
33023 2202			GENERAL GENERAL			9. CONTRACT PERIOD FROM: TO:		TO:	
7B. TELEPHONE NUMBER (Include Area Code): (608) 723-7697			-	IENTAL PRIORITY		(MM-DD-YYYY) 11-01-200		(MM-DD-YYYY) 09-30-2019	
THIS CONTRACT is entered into between the Commodity Credit Participant".) The Participant agrees to place the designated acreperiod from the date the Contract is executed by the CCC. The F such acreage and approved by the CCC and the Participant. Add Contract, including the Appendix to this Contract, entitled Appendix Participant acknowledges that a copy of the Appendix for the app damages in an amount specified in the Appendix if the Participan contained in this Form CRP-1 and in the CRP-1 Appendix and OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and a	Corporation (referred page into the Conservarticipant also agrees ditionally, the Participal its to CRP-1, Conserva licable sign-up period t withdraws prior to Community and any addendum the any addendum there	vation I s to imp ant and vation I I has be CC accereto. to; CR	Reserve Progroblement on sur CCC agree to Reserve Progreen provided to petance or reserve SY SIGNING P-2; CRP-2C,	ram ("CRP") or other ch designated acre to comply with the train Contract (refer to such person. So jection. The term THIS CONTRACT or CRP-2G.	er use s lage the erms al red to a lich pers and c PROD	set by CCI e Conservend conditions is "Appendison also a conditions UCERS A	C for the ration Plants condition By the second condit	e stipulated contract lan developed for tained in this y signing below, the p pay such liquidated contract are	
10A. Rental Rate Per Acre \$ 96,10	11. Identificati	on of	CRP Land	(See Page 2 for	additi	tional space)			
10B. Annual Contract Payment \$836	A. Tract No.	В.	Field No.	C. Practice No.		D. Acres		E. Total Estimated Cost-Share	
10C. First Year Payment \$	1910		600	CP22		0.40		\$ 0	
(Item 10C applicable only to continuous signup when	1910		601	CP22		2.30		\$ 0	
the first year payment is prorated.)	1910		602	CP22		6.00		\$ 0	
12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)									
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE CRAPP LAND LLC			(3) SIGNATURE			(4) DATE (MM-DD-YYYY)			
%DARRELL CRAPP 5761 SUBSTATION RD LANCASTER, WI 53813-9800	0.0	00%							
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): CRAPP FARMS PARTNERSHIP % DARRELL CRAPP	(2) SHARE		(3) SIGNATURE				(4) DATE (MM-DD-YYYY)		
5761 SUBSTATION RD LANCASTER, WI 53813-9800	100.00%								
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 REPRESENTATIVE							B. DATE (MM-DD-YYYY)		
NOTE: The following statement is made in accordance with the Pris 7 CFR Part 1410, the Commodity Credit Corporation Ch of 2014 (Pub. L. 113-79). The information will be used to a information collected on this form may be disclosed to other authorized access to the information by statute or regulation Farm Records File (Automated). Providing the requested in ineligibility to participate in and receive benefits under the control of the con	arter Act (15 U.S.C. 71 letermine eligibility to p or Federal, State, Local on and/or as described information is voluntary	l 4 et se participa I goverr in appli v. How	q.), the Food S ate in and recei ament agencies icable Routine ever, failure to	ecurity Act of 1985 ( ive benefits under the s, Tribal agencies, ar Uses identified in the	16 U.S. e Conse nd nong e Syster	C. 3801 ei ervation Re overnmen n of Recoi	l seq.), a eserve Pi tal entitie ds Notic	nd the Agricultural Act rogram. The es that have been e for USDA/FSA-2,	
This information collection is exempted from the Paperwon provisions of appropriate criminal and civil fraud, privacy, a COUNTY FSA OFFICE.									
The U.S. Department of Agriculture (USDA) prohibits discrimination as disability, sex, gender identity, religion, reprisal, and where applicable, income is derived from any public assistance program, or protected generated bases will apply to all programs and/or employment activities alternative means of communication for program information (e.g., Braindividuals who are deaf, hard of hearing, or have speech disabilities (800) 877-8339 or (800) 845-6136 (in Spanish).	political beliefs, marite enetic information in en es.) Persons with disal aille, large print, audiote	al statu: nploym bilities, ape, etc	s, familial or pa ent or in any pi who wish to file c.) please conte	rental status, sexual rogram or activity col e a program complai act USDA's TARGET	orienta nducted nt, write Centei	tion, or all or funded to the add r at (202) 7	or part o by the E dress bel 20-2600	of an individual's Department. (Not all low or if you require D (voice and TDD).	
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a> , or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.									
Original – County Office Copy	Owne		's Copy		[		Operator's Copy		