CRP-1 (01-23-26) **U.S. DEPARTMENT OF AGRICULTURE** Commodity Credit Corporation

CONSERVATION RESERVE PROGRAM CONTRACT

1. ST. & CO. CODE & ADMIN. LOCATION	2. SIGN-UP NUMBER
19 159	66
3. CONTRACT NUMBER	4. ACRES FOR ENROLLMENT
	150.75

5A. COUNTY FSA OFFICE ADDRESS *(Include Zip Code)*
RINGGOLD COUNTY FARM SERVICE AGENCY
800 South Cleveland Street
MOUNT AYR, IA 50854

5B. COUNTY FSA OFFICE PHONE NUMBER *(Include Area Code)*: (641)464-2251

6. TRACT NUMBER	7. CONTRACT PERIOD	
	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
6902	10-01-2026	09-30-2036

8. SIGNUP TYPE: General

INITIAL_____

DATE_____

INSTRUCTIONS: RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

***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; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.*

9A. Rental Rate Per Acre	$ 164.00
9B. Annual Contract Payment	$ 24,723.00
9C. First Year Payment	$ INITIAL_____
(Item 9C is applicable only when the first year payment is prorated.)	DATE_____

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
6902	0019	CP1	1.65	$ 66.00
6902	0020	CP1	2.47	$ 99.00
6902	0021	CP1	2.53	$ 101.00

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)* [redacted]	0.00 %	[redacted]		
B(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)* [redacted]	100.00 %	[redacted]		
C(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)* [redacted]	0.00 %	[redacted]		

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE	B. DATE *(MM-DD-YYYY)*

NOTE: ***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 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), Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Pub. L. 119-37), 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 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).*

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 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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CONTINUATION OF ITEM 10 – Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
6902	0022	CP1	97.44	$ 3,898.00
6902	0023	CP1	2.05	$ 82.00
6902	0024	CP1	12.83	$ 513.00
6902	0025	CP1	1.51	$ 60.00
6902	0026	CP1	0.99	$ 40.00
6902	0027	CP1	0.56	$ 22.00
6902	0028	CP1	7.08	$ 283.00
6902	0029	CP1	1.25	$ 50.00
6902	0030	CP1	3.35	$ 134.00
6902	0031	CP1	12.52	$ 501.00
6902	0032	CP1	1.06	$ 42.00
6902	0033	CP1	0.83	$ 33.00
6902	0034	CP1	2.63	$ 105.00

Date Printed: 04/08/2026

(See Last Page for Privacy Act and Public Burden Statements)

CRP-2
(01-23-26)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

CONSERVATION RESERVE PROGRAM WORKSHEET
(For General Signup)

1. Tract Number	2. Program Year
0006902	2027
3A. Sign Up Number	**3B. Effective Date (*MM-DD-YYYY*)**
66	10-01-2026

4A. County FSA Office Address (Zip Code):
RINGGOLD COUNTY FARM SERVICE AGENCY
800 South Cleveland Street
MOUNT AYR, IA 50854

4C. Producer Name and Address (Zip Code):
[redacted]

4B. County FSA Office Phone Number *(Include Area Code)*
(641) 464-2251

4D. Producer Phone No. *(Include Area Code)*
(785) 746-5588

5A. State & County Code Admin. Location	5B. State & County Code Physical Location	6. Contract Number	7. Acres for Enrollment
19159	19159		150.75
		8. Signup Type: **GENERAL**	9. Rental Rate Per Acre Offered: $ 164.00

10. PRACTICES *(See Page 3 for additional space)*:

A. Field No.	B. Practice No.	C. Practice Status	D. Acres	E. Estimated Cost Share ($)	F. Length	G. N1a Point Value
0019	CP1	NEW	1.65	$ 66.00	10	40
0020	CP1	NEW	2.47	$ 99.00	10	40
0021	CP1	NEW	2.53	$ 101.00	10	40
0022	CP1	NEW	97.44	$ 3898.00	10	40

11. LAND ELIGIBILITY CATEGORY BY ACRES: *(Enter the amount eligible for each criterion)*

EI 8 or Greater	150.75
National CPA	0.00
State CPA	150.75
Expiring CRP	0.00

12. National Ranking Factors:

N1	N2	N3	N4	N5
70	78	56	0	12

13. N1 Subfactors:

N1a	N1b	N1c
40	0	30

14. N2 Subfactors:

N2a	N2b	N2c
30	5	43

15. N5 Subfactors:

N5a	N5b	N5c
9	0	3

16. N6 Subfactor:

N6b
0

17. HUC Number: 102801010404

18. Soil Map Data and Maximum Payment Rate Calculations:

	A. Physical Location	B. Soil Survey ID No.	C. Map Unit Symbol	D. Acres		E. Soil Rental Rate		F. Total Rent
(1) Primary	19159	IA159	23C2	26.16	x	$ 164	=	$ 4290.24
(2) Secondary	19159	IA159	179D2	23.93	x	$ 164	=	$ 3924.52
(3) Tertiary	19159	IA159	179E2	21.68	x	$ 164	=	$ 3555.52
			TOTALS	71.77				$ 11770.28

19. Weighted Average Soil Rental Rate *(Col. 18F total divided by Col. 18D total)*	20. *Practice Incentive (Result of Item 19 times weighted average applicable incentive percentage for the practice(s))*	21. Maximum Payment Rate Per Acre *(Result of Item 19 plus the result of Item 20)*
$ 164.00	$ 0.00	$ 164.00

Date Printed: 04/08/2026

For Items 22 through 25 ***(See Page 4 for additional space)***

22. Tract No.	23. Current Field No.	24. Current Crop or Land Use	25. Crop Land Use Summary							
			A. Offered Acres	B. Crop History Eligible Acres	C. 2012	D. 2013	E. 2014	F. 2015	G. 2016	H. 2017
0006902	0019	GRASS	1.65	1.65	CRP	CRP	CRP	CRP	CRP	CRP
0006902	0020	GRASS	2.47	2.47	CRP	CRP	CRP	CRP	CRP	CRP
0006902	0021	GRASS	2.53	2.53	CRP	CRP	CRP	CRP	CRP	CRP
0006902	0022	GRASS	97.44	97.44	CRP	CRP	CRP	CRP	CRP	CRP
0006902	0023	GRASS	2.05	2.05	CRP	CRP	CRP	CRP	CRP	CRP
		26. TOTALS ▶	106.14	106.14						

27. PRODUCER'S CERTIFICATION:

By signing below I certify to all of the following: (1) All of the Environmental Benefits Index (EBI) factors and subfactors N1 through N5 have been explained to me; (2) I have been informed that planting an approved mixture of covers that benefit wildlife, enhancing the existing cover to provide a mixture that benefits wildlife, if applicable, and/or creating and maintaining open areas of approved herbaceous cover, may improve the acceptability of the offer; (3) I have been informed of the estimated cost of establishing the cover offered; (4) I have been informed that offering a per acre rental payment that is less than the calculated annual maximum payment rate may enhance the acceptability of the offer; (5) I have been informed that I may be required to pay for a measurement service on the acreage offered before such acreage may be enrolled in the CRP; (6) I have been informed that certain land enrolled in the EQIP pursuant to regulations at 7 CFR Part 1466 is ineligible for enrollment in the CRP; (7) To the best of my knowledge and belief the acreage of crops and land listed herein, if applicable, are true and correct; and (8) The signing of this form gives USDA representatives authorization to enter and inspect crops and land uses, and enter and insect for other purposes, on the above-identified land.

I understand that an inaccurate certification could result in a payment reduction or loss of program benefits.

27A. Signature (By)	27B. Title/Relationship of the Individual if Signing in a Representative Capacity	27C. DATE (*MM-DD-YYYY*)
[redacted]		
[redacted]		
[redacted]		

Date Printed: 04/08/2026

10. PRACTICES ***(Continued from Page 1)***:

A. Field No.	B. Practice No.	C. Practice Status	D. Acres	E. Estimated Total C/S ($)	F. Length	G. N1A Point Value
0023	CP1	NEW	2.05	$ 82.00	10	40
0024	CP1	NEW	12.83	$ 513.00	10	40
0025	CP1	NEW	1.51	$ 60.00	10	40
0026	CP1	NEW	0.99	$ 40.00	10	40
0027	CP1	NEW	0.56	$ 22.00	10	40
0028	CP1	NEW	7.08	$ 283.00	10	40
0029	CP1	NEW	1.25	$ 50.00	10	40
0030	CP1	NEW	3.35	$ 134.00	10	40
0031	CP1	NEW	12.52	$ 501.00	10	40
0032	CP1	NEW	1.06	$ 42.00	10	40
0033	CP1	NEW	0.83	$ 33.00	10	40
0034	CP1	NEW	2.63	$ 105.00	10	40

Date Printed: 04/08/2026

Items 22 through 25 (Continued from Page 2)

22. Tract No.	23. Current Field No.	24. Current Crop or Land Use	25. Crop Land Use Summary							
			A. Offered Acres	B. Crop History Eligible Acres	C. 2012	D. 2013	E. 2014	F. 2015	G. 2016	H. 2017
0006902	0024	GRASS	12.83	12.83	CRP	CRP	CRP	CRP	CRP	CRP
0006902	0025	GRASS	1.51	1.51	CRP	CRP	CRP	CRP	CRP	CRP
0006902	0026	GRASS	0.99	0.99	CRP	CRP	CRP	CRP	CRP	CRP
0006902	0027	GRASS	0.56	0.56	CRP	CRP	CRP	CRP	CRP	CRP
0006902	0028	GRASS	7.08	7.08	CRP	CRP	CRP	CRP	CRP	CRP
0006902	0029	GRASS	1.25	1.25	CRP	CRP	CRP	CRP	CRP	CRP
0006902	0030	GRASS	3.35	3.35	CRP	CRP	CRP	CRP	CRP	CRP
0006902	0031	GRASS	12.52	12.52	CRP	CRP	CRP	CRP	CRP	CRP
0006902	0032	GRASS	1.06	1.06	CRP	CRP	CRP	CRP	CRP	CRP
0006902	0033	GRASS	0.83	0.83	CRP	CRP	CRP	CRP	CRP	CRP
0006902	0034	GRASS	2.63	2.63	CRP	CRP	CRP	CRP	CRP	CRP
26. TOTALS ▶			44.61	44.61						

Date Printed: 04/08/2026

NOTE: **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 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), Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Pub. L. 119-37), 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 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).

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 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690- 7442; or (3) email: program.intake@usda.gov.

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OMB Approval No.: 0560-0297
OMB Expiration Date: 10/31/2027

CCC-941
(02-18-25)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

AVERAGE ADJUSTED GROSS INCOME (AGI) CERTIFICATION AND CONSENT TO DISCLOSURE OF TAX INFORMATION

1. Return completed form to:
RINGGOLD COUNTY FSA
800 SOUTH CLEVELAND STREET
MOUNT AYR, IA 50854
FAX Number: 855-208-7479
(Name, address and fax number of FSA county office or USDA Service Center)

INSTRUCTIONS: *Please return completed form to FSA at the above address.*

2. Name and Address of Individual or Legal Entity *(Including Zip Code)*
[redacted]
(Use the same name and address as used for the tax return specified in Part B.)

3. Taxpayer Identification Number (TIN) *(Social Security Number for Individual; or Employer Identification Number for Legal Entity)*

PART A – CERTIFICATION OF AVERAGE ADJUSTED GROSS INCOME

4. The program year for payment eligibility

A. 2026 **Enter the year for which program benefits are requested.** The period for calculation of the average AGI will be of the three taxable years preceding the most immediately preceding complete taxable year for which benefits are requested. For example, the 3-year period for the calculation of the average AGI for 2019 would be the taxable years of 2017, 2016 and 2015.

5. I certify that the average adjusted gross income of the individual or legal entity in Item 2 (*for the year included in Item 4*) was:

A. ☐ **Less than** *(or equal to)* **$900,000**
B. ☐ **More than $900,000**

PART B – CONSENT TO DISCLOSURE OF TAX INFORMATION

Pursuant to 26 U.S.C. §6103, I hereby authorize the Internal Revenue Service (IRS) to review the following items of "return information" *(as defined in 26 U.S.C. §6103(b)(2))* from the returns *(as specified below)* of the individual or legal entity identified in Item 2 for the taxable years indicated in Item 4:

Form 1040 and 1040NR filers: farm income or loss; adjusted gross income
Form 1041 filers: farm income or loss, charitable contributions, income distribution deductions, exemptions, adjusted total income; total income
Form 1065 filers: guaranteed payments to partners, ordinary business income
Form 1120, 1120A, 1120C filers: charitable contributions, taxable income
Form 1120S filers: ordinary business income
Form 990T: unrelated business taxable income

I understand the IRS will review these items of return information in order to perform calculations, the results of which I authorize to be disclosed to officers and employees of the United States Department of Agriculture (USDA) for use in determining the individual's or legal entity's eligibility for specified payments for various commodity and conservation programs. The calculations performed by the IRS use a methodology prescribed by the USDA. In addition, I am aware that the USDA may use the information received for compliance purposes related to this eligibility determination, including referrals to the Department of Justice.

Specifically, the IRS will disclose to the USDA the individual's or legal entity's name and TIN, and inform the USDA if, pursuant to its calculations, the average Adjusted Gross Income (AGI) is above or below eligibility requirements as prescribed by the Agricultural Act of 2014 or Agriculture Improvement Act of 2018. The IRS will also disclose to the USDA the type of return from which the information used for the calculations was obtained.

If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the specified return has not been filed, for any of the taxable years indicated, the IRS may disclose that it was unable to locate a return, or that a return was not filed, for those years, whichever is applicable.

I understand the Internal Revenue Code §6103(c), limits disclosure and use of return information provided pursuant to a taxpayer's consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

An approved Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority when completing this form.

By signing this form:

- **I acknowledge that I have read and reviewed all definitions and requirements on Page 2 of this form;**
- **I certify that all information contained within this certification is true and correct; and is consistent with the tax returns filed with the IRS;**
- **I agree to authorize CCC to obtain tax data from the IRS for AGI compliance verification purposes by filing this form;**
- **I am aware that without this consent to disclosure, the returns and return information of the individual or legal entity identified in Item 2 are confidential and are protected by law under the Internal Revenue Code;**
- **I certify that I am authorized under applicable state law to execute this consent on behalf of the legal entity identified in Item 2 (for legal entity only).**

6. Signature (By)	**7. Title/Relationship *of the Individual if Signing in a Representative Capacity for a legal entity***	**8. Date *(MM/DD/YYYY)***
[redacted]		

DATE STAMP