

IOWA
PALO ALTO
Form: FSA-156EZ



United States Department of Agriculture
Farm Service Agency

FARM : 6868
Prepared : Jan 9, 2020
Crop Year : 2020

See Page 2 for non-discriminatory Statements.

Abbreviated 156 Farm Record

Operator Name : BRANDON ULRICH
Farms Associated with Operator : 19-147-6868
CRP Contract Number(s) : 10036C
Recon ID : 19-147-2018-91
ARCPLC G//F Eligibility : Eligible

Farm Land Data

Farmland	Cropland	DCP Cropland	WBP	WRP	CRP	GRP	Sugarcane	Farm Status	Number Of Tracts
6.10	6.10	6.10	0.00	0.00	6.10	0.00	0.00	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped		MPL	Acre Election	EWP	DCP Ag.Rel. Activity	Broken From Native Sod
0.00	0.00	0.00	0.00		0.00		0.00	0.00	0.00

Crop Election Choice

ARC Individual	ARC County	Price Loss Coverage
None	None	None

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP
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NOTES

Tract Number : 3891

Description : PT NE4 SW4 18-98-30 KOSS
FSA Physical Location : IOWA/KOSSUTH
ANSI Physical Location : IOWA/KOSSUTH
BIA Unit Range Number :
HEL Status : HEL field on tract.Conservation system being actively applied
Wetland Status : Wetland determinations not complete
WL Violations : None
Owners : BRANDON ULRICH
Other Producers : None
Recon ID : None

Tract Land Data

Farm Land	Cropland	DCP Cropland	WBP	WRP	CRP	GRP	Sugarcane
6.10	6.10	6.10	0.00	0.00	6.10	0.00	0.00
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL	EWP	DCP Ag. Rel Activity	Broken From Native Sod
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield
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NOTES



Palo Alto County, Iowa



Common Land Unit
Cropland Non-cropland CRP

Farm **6868**
Tract **3891**

Wetland Determination Identifiers

- Restricted Use
- ▽ Limited Restrictions
- Exempt from Conservation Compliance Provisions

2020 Crop Year



Tract 1 of 1

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CRP-1 (12-02-19)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE & ADMIN. LOCATION 19 147	2. SIGN-UP NUMBER 43
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTRACT NUMBER 10036C	4. ACRES FOR ENROLLMENT 6.10
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) PALO ALTO COUNTY FARM SERVICE AGENCY 3302 MAIN STREET EMMETSBURG, IA50536-1514		6. TRACT NUMBER 3891	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) TO: (MM-DD-YYYY) 10-01-2012 09-30-2022
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (712) 852-3386		8. SIGNUP TYPE: General	
<i>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.</i>			
9A. Rental Rate Per Acre \$ 165.00		10. Identification of CRP Land (See Page 2 for additional space)	
9B. Annual Contract Payment \$ 1,007.00		A. Tract No. 3891	B. Field No. 0001
9C. First Year Payment \$		C. Practice No. CP2	D. Acres 5.80
(Item 9C is applicable only when the first year payment is prorated.)		3891	0002
		CP2	0.30
			\$ 31.00
11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)			
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) BRANDON ULRICH 36797 FOREST LN VAN METER, IA50261-6027	(2) SHARE 100.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY
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
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
12. CCC USE ONLY		A. SIGNATURE OF CCC REPRESENTATIVE	
		B. DATE (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 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.**

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