CRP-1 U.S. DEPARTMENT OF AGRICULT								Page 1 of 1
(12-02-19) U.S. DEPARTMENT OF AGRICUL Commodity Credit Corporation				1. ST.	& CO. CODE & 19	ADMIN. 087	LOCATION	2. SIGN-UP NUMBER
				3. CONTRACT NUMBER				4. ACRES FOR
CONSERVATION RESERVE PROGR	CONTRACT		12177		77		ENROLLMENT 7.15	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code HENRY COUNTY FARM SERVICE AGENCY			6. TR/	ACT NUMBER	7. CON	TRACT PERIOD		
709 S IRIS ST SUITE #102				1 10738 1			(MM-DD-YYYY)	TO: (MM-DD-YYYY)
MT PLEASANT, IA 52641-1967					,	he 10	-01-2020	09-30-2030
			9	8. SIG	NUP TYPE:	Das	a Kadh	M 2/2//3
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (319) 385-2037				Gener			/	
(referred to as "the Participant".) The Participant agrees CCC for the stipulated contract period from the date the Cacreage the Conservation Plan developed for such acreage comply with the terms and conditions contained in this C Program Contract (referred to as "Appendix"). By signing applicable contract period. The terms and conditions of thereto. By SIGNING THIS CONTRACT PARTICIPANTS A thereto; CRP-2; CRP-2C; or CRP-2G.	contraction of the contraction o	ict is executed by the d approved by the ct, including the A w, the Participant ontract are contain DWLEDGE RECEIR	the CC CCC at ppendi acknow ted in ti PT OF T	C. The Ind the Pix to this viedges his Form	Participant also a articipant. Addit Contract, entitle receipt of a copy CRP-1 and in the LOWING FORMS	rgrees to sionally, ti d Append of the A he CRP-1;	implement on su he Participant and dix to CRP-1, Con ppendix/Appendi Appendix and an CRP-1 Appendix	ch designated d CCC agree to servation Reserve ces for the
9A. Rental Rate Per Acre \$158.10 1/2	1/10	10. Identification	on of C	RP La	nd (See Page :	2 for add	litional space)	
9B. Annual Contract Payment \$1,130.00		A. Tract No.	B. 1	Field No.	C. Practice	No.	D. Acres	E Total Estimated Cost-Share
9C. First Year Payment \$	1000	10738		0013	CP25	5	0.85	\$ 280.00
(Item 9C is applicable only when the first year payment is prorated.)		10738	0	014	CP25	5	5.30	\$ 1,744.00
		10738	4-57-5-7	015	CP42		1.00	\$ 530.00
11. PARTICIPANTS (If more than three indivi-				ige 3.)				
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) SARA S RADLINSKI REV LIVING TRUST 19477 RIZZUTO ST (2) SHARE 100.00	%	(3) SIGNATURE (1	de	sli		SIGNING TATIVE	G IN THE CAPACITY	(5) DATE (MM-DD-YYYY) 2/21/20
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) (2) SHARE	%	(3) SIGNATURE (I	Ву)		(4) TITLE/RELA INDIVIDUAL REPRESEN	SIGNING	G IN THE	(5) DATE (MM-DD-YYYY)
NOTE: The following statement is made in accordance with the	Privace	Ad of 1974 /5 USO	552a -	as amen	ded) The authorib	for mount	ting the information	B. DATE JUM-DO-YYYY) 1-14-20
is the Commodity Credit Corporation Charter Act (15 U.S 3831 et seq), the Agricultural Improvement Act of 2018 (receive benefits under the Conservation Reserve Progra	S.G. 71 Pub. L	4 et seq.), the Food (115-334) and 7 CFI	Security R Part 1.	Act of 19	985 (16 U.S.C. 380) Sinformation will be	1 et seq.), (the Agricultural Act	of 2014 (16 U.S.C.

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 7 U.S.C. 9091(2)(c)(B). 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. 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, gender identity (including gender expression), sexual orientation, 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 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 Compleint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint-filing_cust.html 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 (886) 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: program.inteke@usda.gov. USDA is an equal opportunity provider, employer, and lender.

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-				19 087		50		
CONSERVATIO	N RESERVE PROGRAI	M CONTRACT	T 3 COM	RACT NUMBER				
			3. CON1	* · · · · · · · · · · · · · · · · · · ·	4. ACRES	OR ENROLLMENT		
A. COUNTY OFFICE ADD	RESS (Include Zio Code)		5 61511	11603				
ENRY COUNTY F.	RESS (Include ZIP Code) ARM SERVICE AGEN	CY	5. FARM	NUMBER 0004360	6. TRACT N	NUMBER(S)		
09 S IRIS ST	SUITE #102			000#360	1	0010738 × 1 ×		
T PLEASANT, I	A 52641-1967		8. OFFE	(Sciect one)	9. CONTRA	9. CONTRACT PERIOD Line		
			GENERAL	· [FROM:	FROM: TO:		
3. TELEPHONE NUMBER	(Include Area Code): (319) 385-	-2037	ENVIRONA	SENTAL PRIORITY	7 10 10	167 G - 20 - 201		
iffud from the date the Contra ch acraege and approved by phitical, including the Appendi articipant acknowledges that to images in an emount specific phiting in this Form CRP-1 FTHE FOLLOWING FORMS	to between the Commodity Credit grees to place the designated ears of is executed by the OCC. The Pi the CCC and the Participant. Add is to this Contract, entitled Appendis to opy of the Appendix for the appli of in the Appendix if the Participant and in the CRP-1 Appendix and as CRP-1; CRP-1 Appendix and as	articipant also agree littonally, the Perticip ix to CRP-1, Consen- icable sign-up period withdraws prior to C	s to implement on stant and CCC agree valion Reserve Prog I has been provided CC acceptance or n	ich designated acreag Ich designated acreag Ic comply with the tem rem Contract (referred Ic such parson, Such Riection, The terms a	s, operators, or temuse set by CCC for the the Conservation ms and conditions of the as "Appendix"). paraon also surpess	ants (referred to as "the the slipulated contract Plan developed for ontained in this By signing below, the sto pay such liquidated		
A. Renial Rate Per Acre	\$201.27 X	11. Identificati	on of CRP Land	(See Page 2 for ac	Iditional cases			
B. Annual Contract Payme	nt \$6,072	A. Tract No.	B. Field No.	C. Practice No.	O. Acres	E. Total Estimated		
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first year payment is prora	ted.)	0010738	0007		7.54	1,025		
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CCC USE ONLY	A. SIGNATURE OF CCC	REPRESENTATI	VE		B. D.	ATE (MM-DD-YYYY)		
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of 2014 (Pub. L. 113-79) information collected on authorized access to the Fann Records File (Auto ineligibility to participate	is made in accordance with the Privi Commodity Credit Corporation Charl . The information will be used to del this from may be disclosed to other P information by statute or requisition mater). Providing the requested inte th and receive benefits under the Co.	ncy Act of 1974 (5 US) ler Act (16 U.S.C. 714 lerminė eligibility to pa Federel, State, Local g entivo as described in ormation is voluntary. Inservation Reserve P	C 5529 - es emended ef sea,), the Food Se dispate in and receiv dispenses in agencies, applicable Routino U However, fallure to fa Ogram.	 The authority for requestrily Act of 1985 (18 U a benefits under the Control agencies, and no see identified in the Systmish the requested into 	nservation Reserve F nagevation Reserve F nagevatmental entiti item of Records Notic nmalion will result in	and the Agricultural Act Program. The es that have been es for USDA/FSA-2, a determination of		
COUNTY FOR OFFICE.	in is exempled from the Peperwork है criminal and civil fraud, privacy, and	with the lines of	AND THE WAY	nmauen provided. Res	URN THIS COMPLE	TED FORM TO YOUR		
U.S. Department of Agriculture bility, sex, gender identity, religions is derived from any public autibited bases will apply to all promotive means of communications	(USDA) prohibits discrimination again on, reprisel, and where applicable, po- salatance program, or protected gene- grams and/or employment activities.) for program information (e.g., Graille princ, or have speech discipling assessment.	ide Information in emp Persons with disabili	ioyment or in any projites, who wish to file a	r ner status, sexuat oper Gram or activity conduct Drogram complaint, wi	Nation, of all or part o led or funded by the L Ne to the address bel	if an individual'a Japariment, (Not all low of if vou require		
ested in the famt. Send vour co	tem complaint of discrimination, comp Int_filing_eust.Hom, or at any USD/ Moleted complaint form or letter by m x (202) 680-7442 or email at progra	n Onice, or call (abb) b	32-0092 to request (h	e form. You may also y	vrite a letter containin	g all of the information as Avenue, S.W.,		
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CONTINUATION OF ITEM 11 - Identification of CRP Land

	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated	F. CONTRACT PERI	
			Acres	Total Estimated C/S	(1) FROM	(2) TO
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CRP-1 U.S. DEPARTMENT (12-02-19) Commodity Cr	OF AGNICULTUR redit Corporation	RE		. & CO. COUE &	Page 1 of 1 2. SIGN-UP NUMBER 53	
CONSERVATION RESERV		M CONTRACT	3. CC	ONTRACT NUMB	4. ACRES FOR ENROLLMENT 0.32	
5A. COUNTY FSA OFFICE ADDRESS (IN HENRY COUNTY FARM SERVICE AGENCY 709 S IRIS ST SUITE #102 MT PLEASANT, IA 52641-1967	clude Zip Code)			ACT NUMBER	7. CONTRACT PERIOD FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY) 9-30-2030
5B. COUNTY FSA OFFICE PHONE NUM (Include Area Code): (319)385-2037	BER			SNUP TYPE: inuous	SR	
THIS CONTRACT is entered into between the fireferred to as "the Participant".) The Partic CCC for the stipulated contract period from acreage the Conservation Plan developed the comply with the terms and conditions contend Program Contract (referred to as "Appendict applicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT PARTICIPATION CRP-2; CRP-2C; or CRP-2G.	in the date the Cont for such acreage a ained in this Contr x"). By signing be conditions of this RTICIPANTS ACKN	ract is executed by nd approved by the act, including the A low, the Participant contract are contain IOWLEDGE RECEIF	the CCC. The CCC and the F CCC and the F I I I I I I I I I I I I I I I I I I	ne conservation Participant also a Participant. Addit s Contract, entitle s receipt of a copy m CRP-1 and in th LOWING FORMS	Reserve Program ("CRP") agrees to implement on suitenally, the Participant and ad Appendix to CRP-1, Cou of the Appendix/Append se CRP-1 Appendix and ar c: CRP-1; CRP-1 Appendix	or other use set by ich designated d CCC agree to nservation Reserve ices for the
9A. Rental Rate Per Acre \$197.	00	10. Identificati	on of CRP La	and (See Page 2	2 for additional space)	
9B. Annual Contract Payment \$63.0	0	A. Tract No.	B. Field No.	C. Practice	No. D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$		10738	2023/	7 CP8A	0.32	\$ 40.00
(Item 9C is applicable only when the first ye prorated.)	ar payment is					
11. PARTICIPANTS (If more than	three individua	ls are signing, s	see Page 3.)		
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) SARA S RADLINSKI REV LIVING TRUST 19477 RIZZUTO ST	(2) SHARE	Sara Ra		(4) TITLE/RELA INDIVIDUAL REPRESEN	ATIONSHIP OF THE SIGNING IN THE TATIVE CAPACITY	(5) DATE (MM-DD-YXYY) (MCU) (8,2021
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	INDIVIDUAL	TIONSHIP OF THE SIGNING IN THE TATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) (2) SHARE (3) SHARE (4) SHARE		(3) SIGNATURE (By)		(4) TITLE/RELA INDIVIDUAL REPRESEN	(5) DATE (MM-DD-YYYY)	
NOTE: The following statement is made in account is the Commodity Credit Composition Ch	RE OF CCC REP	u (S	P . 552a - as amon	ded) The authority	for requesting the infe	B. DATE 9(MM-DD-YYYY) 9-72-20

The following statement is made in accordance with the Privacy Act of \$974 (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.

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This form is available electronically,							
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(10-22-15) Commodity Credit Corporation	1	LOCA	TION	2. 8	2. SIGN-UP NUMBER		
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7B. TELEPHONE NUMBER (Include Area Code): (319) 38		ENVIRONM	ENTAL PRIORITY	7 10	-1-2017	0 00 -1	
THIS CONTRACT is entered into between the Commodity Cre Perticipant".) The Participant agrees to place the designated a	dil Corporation (referred	to as "CCC") and the	re undersigned owne				
period from the date the Content is executed by the cook to	• De Calendaria	HANLI JOSON AD 1 LOG	den in reserve to bluet	use set by (,	CC for the s	dipulated contract	
such acreage and approved by the CCC and the Participant. Contract, including the Appendix to this Contract, antitled Appendix	dditionally, the Perticipa	nt and CCC agree I	o comply with the ten	ne and cons	Prvation Plan Idlons contai	i developed for ined in this	
Participant acknowledges that a come of the Appendix for the	and the city of College of	inon ixeaerve ringi	an contract (teleitet	i lo as "Appe	andix"). By s	Signing below, the	
damages in an amount specified in the Appendix if the Particip contained in this Form CRP-1 and in the CRP-4 Appendix is	ant withdraws prior to CC	C acceptance or re		i person aisc Rd conditio	ns of this c	nay such liquidaled ontract are	
OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix an	and any addendum theres I any addendum theres	'eto. BY SIGNING o: CRP-2: CRP-2C	THIS CONTRACT P!	ROPUCERS	ACKNOWL	EDGE RECEIPT	
10A. Renial Rate Per Acre \$ 253.46 %	11. Identification	on of CRP Land	(See Page 2 for a	dditional si	pace)		
10B. Annual Contract Payment \$139	A. Treat No.	B. Field No.	C. Precice No.	D. Acr		E. Total Estimated	
10C. First Year Payment \$	0010738	0001	CPSA	-		Cost-Share	
Clare 10C people object to provide the second		0001	CFOA	0.5	5	69	
(item 10C applicable only to continuous signup when the first year payment is prorated.)	- 61						
					}		
12. PARTICIPANTS (If more than three individ	uals are signing, s	ee Page 3.)			<u> </u>		
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): SARA S RADLINSKI REV LIVING TRUST	(2) SHARE	(3) SIGNATI	JRE		(4) DATE	(MM-DD-YYYY)	
19477 RIZZUTO ST		. 00	1				
VENICE, FL 34293-4552	100.00	20%	era Radi	1 1	l., .		
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13. CCC USE ONLY A. SIGNATURE OF CO	CREPRESENTATIV	/E			B. DATE	(MM-DD-YYYY)	
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NOTE: The following statement is made in accordance with the F is 7 CFR Part 1410, the Commodity Credit Gororation C				uestina the in			
of 2014 (Pub. L. 113-79). The information will be used to	riotermina atalattica da man	Halanda in and made	enited west of 1809 (19 (1.8. C. 3801 &	t seq.), and H	he Agriculturel Act	
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This information collection is exempted from the Paperwo provisions of appropriate criminal and civil trautingluscy	rk Reduction Act as specifi	led in the Agricultural	Act of 2014 (Pub. L. 1	13-79, Title I,	Sublitte F. A	dministration). The	
COUNTY FSA OFFICE,	on onial platnics they be	ehhirrama in Me IUIC	imation provided, KE	IURN THIS C	:OMPLETED	FORM TO YOUR	
The U.S. Department of Agriculture (USDA) prohibits discrimination a disability, sex, gender identity, religion, reprisel, and where englicable	gainst its customers, empi	oyees, and applicant	s for employment on th	e basis of rec	e, color, neti	onal origin, age,	
Income is derived from any public assistance organism, or protected a		ialvs, ramilial or pare	rkai staius, sexuel one	ntalion, or all	or part of an .	individuel's	
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Individuals who are deaf, hard of heading, or have speech disabilities (800) 877-8339 or (800) 848-6138 (in Spanish).	and wish to file either an S	EO or program com	dauxs TARGET Cor daini, piease contact U	merat (202) 7 ISDA (hrough	'20-2000 (vol the Federal I	ice and TDD). Relay Service at	
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if you wish to file a Civil Rights program completed of discrimination, of http://www.aacr.usda.gov/completet_filing_cust.html, or at any U requested in the form or letter to combile to complete form or letter to							
requested in the form. Send your completed completet form or letter t Washington, D.C. 20250-9410, by tex (202) 690-7442 or email at pro-	y mail to U.S. Department	of Agriculture, Direct	e rom. Tou may also t lor, Office of Adjudication	write ø letter (on, 1400 inde	containing alf P end enca Av	of the Information Venue, S.W	
The second secon	gramuniak@gusda.gov.	USDA is an equal of	pportunity provider and	employer.	1,000	y	
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	32011 1307			GENERAL	R (Select one)	FROM	ls:	T PERIOD :	
7B. TELEPHONE NUMBER (In:	·			ENVIRONM	MENTAL PRIORITY	√	D-YYYY)	(MM-DD-YYYY)	
Participant".) The Participant agri- period from the date the Contract such acreage and approved by the Contract, including the Appendix of Participant acknowledges that a damages in an amount specified contained in this Form CRP-1 a OF THE FOLLOWING FORMS: (1)	is executed by the CCC. The Pie e CCC and the Participent. Add to this Contract, entitled Appendi topy of the Appendix for the appli in the Appendix if the Participant and in the CRP-1 Appendix and	articipant also ag itionally, the Part x to CRP-1, Con- icable sign-up pe withdraws prior t I any addendum ny addendum th	rees to im licipant and servation i priod has b to CCC ac thereto. pereto; CF	plement on sid CCC agree Reserve Prog een provided ceptance or n BY SIGNING P-2; CRP-20	uch designated acrea to comply with the ter ram Contract (referre to such person. Suc ejection. The terms of THIS CONTRACT P ; or CRP-2G.	ge the Conserms and cond d to as "Appe h person also and condition PRODUCERS	ervation P ditions con endix"). B a agrees to ons of this S ACKNO	llan developed for stained in this By signing below, the o pay such liquidated	
10B. Annual Contract Payment	7,50	A. Tract No.			(See Page 2 for a			E. Total Estimated	
10C. First Year Payment	\$ 316			Field No.	C. Practice No.	D. Ac		Cost-Share	
		0010738	-	0012	CP21	0.7	72	100	
(Item 10C applicable only to conthe first year payment is prorate	ntinuous signup when ed.)					-			
12. PARTICIPANTS (If r	nore than three individua	do om piemin	(2 0)					
A(1) PARTICIPANT'S NAME A SARA S RADLINSKI I 48 TWIN LAKES DR WATERFORD, CT 0638 B(1) PARTICIPANT'S NAME A	(2) SHARE 10((2) SHARE	0.00%	(3) SIGNATURE Radlanki Into Sava S Radlanki Into VIUOS CHOS! (3) SIGNATURE			(4) DATE (MM-DD-YYYY) (4) DATE (MM-DD-YYYY)			
C(1) PARTICIPANT'S NAME A	(2) SHARE	%	(3) SIGNATURE			(4) DATE (MM-DD-YYYY)			
13. CCC USE ONLY	A. SIGNATURĘ OF CCC	REPRESENT	TATIVE				B. DA	TE (MM-DD-YYYY)	
	1	1 / 1/		100 mg (6/2) 6 mg-16					
is / CFR Part 1410, the 6 of 2014 (Pub. L. 113-79). information collected on it authorized access to the Farm Records File (Autor ineligibility to participate in This information collection provisions of appropriate COUNTY FSA OFFICE.	s made in accordance with the Prix commodity Credit Corporation Cha The information will be used to dehis form may be disclosed to other information by statute or regulation mated). Providing the requested in and receive benefits under the C in is exempted from the Paperwork criminal and civil fraud, privacy, and	racy Act of 1974 (strer Act (15 U.S.C) atermine eligibility Federal, State, Lo and/or as describ formation is volun onservation Reservation Act as ad other statutes m	5'USC 552 714 et se to participa ccal govern ed in appli tary. Howe rve Prograe specified in	a - as amende q.), the Food S te in and recei ment agencies cable Routine ever, failure to n. n the Agricultur icable to the in	d). The authority for re Security Act of 1985 (16 ive benefits under the 0 s, Tribal agencies, and Uses identified in the S furnish the requested in ral Act of 2014 (Pub. L formation provided R	5 U.S.C. 3801 Conservation and possible of Reconstruction with the conservation with the conservation of Reconservation with the conservation of Reconservation with the conservation of Reconservation of Reconse	et seq), a Reserve Pi ental entitie fords Notic Il result in a I, Subtitle COMPLE	nd the Agricultural Act rogram. The es that have been e for USDA/FSA-2, a determination of F, Administration) The TED FORM TO YOUR	
The U.S. Department of Agriculture disability, sex, gender identity, religio income is derived from any public as prohibited bases will apply to all prograthemative means of communication Individuals who are deaf, hard of het (800) 877-8339 or (800) 845-6136 (ii) If you wish to file a Civil Rights prograthematical from the form. Send your control	on, reprisal, and where applicable, is sistance program, or protected ger grams and/or employment activities for program information (e.g., Brail aring, or have speech disabilities and in Spanish). The complaint of discrimination, con int filing cust.html, or at any USI	political beliefs, minetic information in .) Persons with dille, large print, aud nd wish to file eithe mplete the USDA in OA office, or call (6)	arital status n employme isabilities, v diotape, etc er an EEO Program D 866) 632-9	is, familial or pa ent or in any pi who wish to file .) please conta or program col iscrimination C 1921 to request	rental status, sexual or rogram or activity condi- e a program complaint, act USDA's TARGET C implaint, please contact Complaint Form, found of the form. You may also	rientation, or a ucted or funda write to the a center at (202, t USDA throug online at	all or part of the body of the body of the body of the Federal of the Federal or containing	f an individual's Department. (Not all Dow or if you require O (voice and TDD) Deral Relay Service at	
Washington, D.C. 20250-9410, by fa	x (202) 690-7442 or email at prog i	ram.intake@usda	a.gov. USI	DA is an equal	opportunity provider a	nd employer			
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