



- Legend**
- Non-Cropland
 - Cropland
 - CRP
 - Iowa PLSS
 - Tract Boundary
 - Iowa Roads

- Wetland Determination**
- Restricted
 - ▼ Limited
 - Exempt from Conservation Compliance Provisions

Tract Cropland Total: 16.08 acres

2024 Program Year
 Map Created April 11, 2024
Farm 712
Tract 900

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Abbreviated 156 Farm Record

Operator Name : JOHN W NEIL TRUST W NEIL
 CRP Contract Number(s) : 11947A
 Recon ID : None
 Transferred From : None
 ARCPLC G//F Eligibility : Eligible

Farm Land Data

Farmland	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane	Farm Status	Number Of Tracts
37.75	16.08	16.08	0.00	0.00	0.00	0.00	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped		CRP	MPL	DCP Ag.Rel. Activity	SOD	
0.00	0.00	0.00	0.00		16.08	0.00	0.00	0.00	

Crop Election Choice

ARC Individual	ARC County	Price Loss Coverage
None	None	CORN

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP
Com	0.00	6.60	0	
TOTAL	0.00	6.60		

NOTES

Tract Number : 900
 Description : Section 8 Marion Twp
 FSA Physical Location : IOWA/HENRY
 ANSI Physical Location : IOWA/HENRY
 BIA Unit Range Number :
 HEL Status : HEL field on tract.Conservation system being actively applied
 Wetland Status : Tract does not contain a wetland
 WL Violations : None
 Owners : JOHN W NEIL TRUST W NEIL
 Other Producers : None
 Recon ID : None

Tract Land Data

Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane
37.75	16.08	16.08	0.00	0.00	0.00	0.00	0.0
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD
0.00	0.00	0.00	0.00	16.08	0.00	0.00	0.00

Abbreviated 156 Farm Record

Tract 900 Continued ...

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield
Corn	0.00	6.60	0
TOTAL	0.00	6.60	

NOTES

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CRP-1
(07-06-20)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

CONSERVATION RESERVE PROGRAM CONTRACT

1 ST & CO CODE & ADMIN LOCATION
19 087

2 SIGN-UP NUMBER
54

3 CONTRACT NUMBER
11947A

4 ACRES FOR ENROLLMENT
16.08

5A COUNTY FSA OFFICE ADDRESS (Include Zip Code)
HENRY COUNTY FARM SERVICE AGENCY
709 S IRIS ST SUITE #102
MT PLEASANT, IA 52641-1967

6 TRACT NUMBER
900

7 CONTRACT PERIOD
FROM (MM-DD-YYYY) TO (MM-DD-YYYY)
10-01-2020 09-30-2030

5B COUNTY FSA OFFICE PHONE NUMBER
(Include Area Code) (319) 385-2037

8 SIGNUP TYPE
General

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	\$ 186.00	10. Identification of CRP Land (See Page 2 for additional space)				
9B Annual Contract Payment	\$ 2,991.00	A Tract No	B Field No	C Practice No	D Acres	E Total Estimated Cost-Share
9C First Year Payment	\$	900	0001	CP1	7.70	\$ 308.00
(Item 9C is applicable only when the first year payment is prorated)		900	0002	CP1	8.38	\$ 335.00

11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)

A (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)
JENNIFER NEIL TRUST W DEPT 1701 18TH ST MOUNT PLEASANT, IA 52641-1967	100.00%	<i>Jennifer Neil</i>	Trustee	11-19-20
B (1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%			
C (1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%			

12. CCC USE ONLY

A SIGNATURE OF CCC REPRESENTATIVE
John Fair

B DATE (MM-DD-YYYY)
11-19-20

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 (16 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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