CCC-1200	LIC DEDARTMEN	TT OF	A CDICIH TUDE	1 4	State 9 County Code				
7/2003	U.S. DEPARTMEN				1. State & County Code				
	COMMODITY CR	EDIT	-	2. a. Farm Number(s)					
			-	b. Tract Number(s)					
				-	Contract Number				
					Primary Fund Code				
				5. I	HUA Number				
CONSERV	VATION PROGRAM AP	PLIC	ATION/CONTRACT	6	Total Treated Acres				
THIS is an APPL	LICATION to participate in the:								
	Agricultural Management Assistance     Program (AMA)		b. Conservation Security Program (CSP)		c. Environmental Quality Inc Program (EQIP)	entives			
(CCC). The unde approval causes to install structure	ntified above the Applicant agrees to persigned person shall hereafter be refethe practice to be ineligible for progral practices. By signing this applicand any addenda thereto, which ar	erred to am finan ation, th	as "the Applicant." The Applican cial assistance and the applican e applicant acknowledges, rec	nt unde will o	erstands that starting a pra otain the landowners signa f the following forms: CO	ctice prior to	CCC contract		
0101147117	05 455 404 404				D.175				
SIGNATURE	OF APPLICANT (signature of individual	or aut	horized representative of	entity	DATE or joint operation)				
7a. Limited Reso	ource Producer and Beginning Farme	r Certific	ation						
1	certify th	at I am a	: LIMITED RESOURCE PRO	וטווכו	ER/EOID)·				
·	Cordiy th	at i aiii a	☐ BEGINNING FARMER/RAI			following gu	uidelines:		
A Limited Resoucharacteristics:  (a) A person with than \$100,000 in increased startin Prices Paid By Fand  (b) Has a total he poverty level for county median husing Commerce two years.  An entity or joint Producer if all increased resource Productive productions.	ce Farmer or Rancher: rce Farmer or Rancher has the follow of direct or indirect gross farm sales not each of the previous two years (to be gin FY 2004 to adjust for inflation us armers Index as compiled by NASS) cousehold income at or below the natical family of four, or less than 50 perces ousehold income (to be determined as Department Data), in each of the properation can be a Limited Resource dividual members qualify as a Limited cer.  icants that certify eligibility as a Limited the subject to criminal and civil frames.	ot more e ing , , , , , , , , , , , , , , , , , , ,	sentative. It is the responsibilit	or ran ears. antially with ar itial pa and n nty or made ne ope uires ti nanag orovide	This requirement applies to participate in the operation individual, individually or rticipation requires that the anagement of the farm or State where the farm is low with an entity, all member ration of the farm or ranch the members provide sement necessary for day-te these inputs, operation of armer or Rancher will proverse.	on all member on of the farm with the immerianch, conscated. Is must mate and an amount odd and activiting the farm or the far	rs of an m or mediate provide istent rially and id t of the ies, such ranch		
Cianatura					Data				
Signature					Date				

## 8. Contract Language

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "Owner, "Operator", & "Tenant"; respectively) on the farm identified above. The undersigned person or persons shall hereafter be referred to as "the Participant". The Participant agrees to participate in the program designated in Section 7 from the date the Contract is executed by CCC to the contract expiration date in Section 9. The Participant also agrees to implement the plan of operations developed and approved by the Participant and CCC. 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 Form CCC-1200" for the applicable program (referred to as "Appendix"), and any other addenda thereto. The Participant also agrees to pay such applicable liquidated damages in an amount specified in the Appendix for the applicable program if the Participant cancels the agreement before the contract expires or the CCC terminates the contract.

Continued on next page

1

# 9a. PERFORMANCE /PAYMENT SCHEDULED FOR CONTRACT

Applicant:					Count	County:					State:						
ITEM			TECNICAL PRACTICE	Sanica	PLANNED	COST/UNIT	COST SHARE	YEAR SCHEDULED									
ITEM NO.	FIELD	Code	Description	Service Life	PLANNED AMOUNT (units)	Incentive Payment	(%)	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
										1							
										1							
										-							
										-							
										1							
										1							
										1							
	-									1							
										-							
										+							
										+							
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																	l

CCC-1200	7/2003									nty Code		
7/2003	COI	MMODI	ГҮ СБ	RED	IT C	ORPORATI	ON	2. a.	Farm Num	nber(s)		
									. Tract Nur	nber(s)		
									ontract Nur			
									imary Fund JA Numbe			
CONSERVA	ATION P	ROGRA	M A	PPL	ICA'	TION/CON	TRAC	<b>T</b> 6. To	otal Treated	d Acres		
2. FARM & TRAC	T NII IMBED/	S) (continue	٠٩/٠									
FARM NUMBERS:		5), (continue	u).									
TRACT NUMBERS												
9b. AGREEMENT	PERIOD											
Contract Start Dat	e:					Conti	ract Expira	ation Date:				
		no earlier th	nan one	year a	after th	e last scheduled			mpleted to s	standards an	d specificat	ions.
	TOTAL	2003	2004	L	2005	2006	2007	2008	2009	2010	2011	2012
Total Obligations (FA):												
Total TSP (TA):												
Total Contract Obligations:												
				1	0. C	ONTRACT PAR						
NAME, ADDRESS,	and PHONE	NUMEBR		OW	OP	PAYMENT SHARES (%)	SIGNAT	<u>IBER: 1/</u> FURE: DATE		<u> </u>		
NAME, ADDRESS, and PHONE NUMEBR				OW	OP	PAYMENT		ID NUMBER: 1/ SIGNATURE: DATI		<del></del>		
						SHARES (%)	SIGNAT	UKE.		DATE	<u>.</u>	
NAME, ADDRESS,	and PHONE	NUMEBR		OW	OP	PAYMENT	ID NUME SIGNAT			DATE		
						SHARES (%)	31314741	O		DATE		

11. CCC USE ONLY - Payments according to the shares approved.

1/ Joint operation ID, if applicable.

Continued on next page

SIGNATURE OF CCC REPRESENTATIVE DATE:

CCC-1200 7/2003	U.S. DEPARTMENT OF AGRICULTURE COMMODITY CREDIT CORPORATION	1. State & County Code 2. a. Farm Number(s) b. Tract Number(s) 3. Contract Number 4. Primary Fund Code 5. HUA Number	
CONSERVATI	ON PROGRAM APPLICATION/CONTRACT	6. Total Treated Acres	

	CONTRACT MODIFICATIONS (+/-)								
AMOUNT.	NRCS INITIAL	DATE	COMMENTS						
A.									
B.									
C.									
D.									
E.									
F.									
G.									
H.									
1.									
J.									
K.									
L.									
M.									
О.									
Р									
Q.									
R.									
S.									
T.									
U.									
V.									

#### PUBLIC BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0578-0013. The time required to complete this information collection is estimated to average 45/0.75 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

#### PRIVACY ACT

NOTE: The following statement is made in accordance with the Privacy Act of 1974, (5 U.S.C. 552a). The authority for requesting the following information is 7 CFR 1466 (EQIP), 7 CFR 1469 (FPP), 7 CFR 636 (WHIP), and Public Law 106-224, Section 133(b), AMA, and Section 211(b), SWCA. The information will be used to allow a farmer, rancher, or landowner to apply for conservation benefits under the terms and conditions of the contract. Furnishing the required information is necessary to determine properly the eligible land for the applicable program benefits. Failure to furnish the requested information will result in the applicant being unable to apply for or receive benefits under the applicable programs. This information may be provided to other agencies, IRS, Department of Justice, or other State or Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 U.S.C. 286, 287, 371, 641, 651, 1001; 15 U.S.C. 714m; and 31 U.S.C. 3729 may also be applicable to the information provided.

### USDA NONDISCRIMINATION STATEMENT

"The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer."

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CONSERVA	ATION PROGRAM APPLICATION/CONTRACT	6. Total Treated Acres	

10. CONTRACT PARTICIPANTS, (continued)

	10. 001	* * * * * * * * * * * * * * * * * * * *	T FARTICIFAINT	o, (continuou)	
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:

<sup>1/</sup> Joint Operation ID, if applicable.