USDA United States Department of Agriculture
Farm Production and Conservation
Farm Service Agency
Page County Farm Service Agency
1001 S 8th St
Clarinda IA 51632
712-542-5137 (phone) 855-218-8664 (fax)

March 4, 2025

Dear CRP Producer:

Participation in the Conservation Reserve Program (CRP) includes Required Management. **Required Management on your CRP contract #** 11438 **is due to be completed this year.** The enclosed FSA-848A provides the options available for required management on your contract or the option you chose when completing the conservation plan for your CRP contract.

The following items should serve as a guide in completing and reporting the approved practice(s):

- Management Activities should be completed according to the Conservation Plan you were provided during contract enrollment. A map is also enclosed showing the acres required.

- Management Activities can be completed when conditions are optimal for the work to be done. However, activities must cease during the Primary Nesting Season, **May 15 through August 1**.

- Once you have completed the required management activity, you must furnish invoices, or other evidence for the materials and labor used in connection with each activity so it can be used in determining your cost share payment if applicable. Please retain a copy of these invoices for a minimum of two years in case of a spot check on this activity.

Note: Activities must cease, and the FSA office immediately notified if any archaeological site or remains are discovered. Should you have any questions regarding the Required Management on your CRP, please contact our office at 712-542-5137.

Sincerely,

Jennifer Comer

Jennifer Comer
Program Analyst

Required Management Activities **CAN NOT** be completed during the *Iowa Primary Nesting Season*
May 15 through August 1, 2025

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This form is available electronically

Form Approved - OMB No. 0560-0082

FSA-848A
(09-10-2015)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

COST-SHARE AGREEMENT

(See Page 2 for Privacy Act and Burden Statements)

THIS AGREEMENT is entered into between the Farm Service Agency (referred to as "FSA") and the undersigned owners, operators, tenants, and/or producers (who individually will herein be referred to as "the Participant"). By signing this form, the Participant agrees to the following: 1) the Participant requested cost-share assistance to perform a practice(s) designed to meet the objectives of the program referenced on FSA-848; 2) the Participant agrees that this practice(s) would not be performed without Federal cost-sharing; and, 3) for the practice(s) approved, the Participant agrees to refund all or part the funds paid to him/her, as determined by the Approving Official, if, before expiration of the lifespan of the specified practice(s), the Participant (a) destroys the approved practice(s), or (b) voluntarily relinquishes control of or title to, the land on which the approved practice(s) has been established, and the new owner and/or operator of the land does not agree in writing to properly maintain the practice(s) for the remainder of its life span. The Participant further agrees that if he or she began the practice(s) before receiving written approval, he or she may be denied cost-share funding. Further, the Participant hereby authorizes a representative of USDA to have access to the practice site area(s). Further, the participant understands that form FSA-848A-1 is by reference incorporated herein. BY SIGNING THIS AGREEMENT, THE PARTICIPANT ACKNOWLEDGES RECEIPT OF THE FOLLOWING FORMS: FSA-848A AND ANY ADDENDUM THERETO.

1. ST. & CO. Code : 19 145

2. County Office Name, Address and Telephone Number

PAGE COUNTY FARM SERVICE AGENCY
1001 SOUTH 8TH STREET
CLARINDA, IA 51632-2814
(712) 542-5137

3. Application Number	4. Agreement Number
19_145_2021_0027A	19_145_2021_0027A
5. Program Year	6. Disaster ID Number
	Non-Project Area
7. Program Code	8. Contract ID (If applicable)
CRP	11438A

9. PRACTICES APPROVED

A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Program Accounting Code	F. Fund Code	G. Practice Units	H. Practice Extent Approved	I. Practice Expiration Date	J. Practice Life Span	K. Approved Cost-Share Rate and Type	L. Approved Cost-Share
0005632	0004265		19-145-2021-0027-01-CP38E-4D	3306		Acre	32.57	09-30-2025			$0.00
										M. TOTALS:	$0.00

10. COMPONENTS APPROVED

A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Component No.	F. Component Title	G. Component Units	H. Component Extent Approved	I. Approved Cost-Share Rate and Type	J. Approved Cost-Share
0005632	0004265		19-145-2021-0027-01-CP38E-4D	MCMNOCSDSK	MCM No Cost Share - Disking	Acre	32.57	50.00% Percent of Cost - Not to Exceed $0.00/Unit	$0.00
0005632	0004265		19-145-2021-0027-01-CP38E-4D	MCMNOCSCHM	MCM No Cost Share - Chemical	Acre	32.57	50.00% Percent of Cost - Not to Exceed $0.00/Unit	$0.00
0005632	0004265		19-145-2021-0027-01-CP38E-4D	MCMNOCSBRN	MCM No Cost Share - Burning	Acre	32.57	50.00% Percent of Cost - Not to Exceed $0.00/Unit	$0.00

11. USDA USE ONLY - Application Approval	A. Signature of FSA Representative	B. Date *(MM-DD-YYYY)*	C. Cost-Share Willing to Approve	D. Cost-Share Approved
	Jennifer Oelmen	03-14-2025		$0.00

12. PARTICIPANT APPROVAL ACKNOWLEDGEMENT

Your request for program cost-sharing to perform the practice(s) shown above is approved for the farm(s) identified above. By signing below, you agree to complete the specified practice(s) and components on or before the practice expiration date(s). To receive payment or credit for any cost-shares earned on these practice(s), report performance on the FSA-848B and file with the issuing office by the practice expiration date(s) listed above. If you decide not to perform this practice, or if you cannot complete it by the practice expiration date, please notify the Approving Official's office in writing at once.

A Participant's Name, Address and Telephone Number	B. Signature (By)	C. Title/Relationship of the Individual If Signing in a Representative Capacity	D. Date *(MM-DD-YYYY)*
TOM WILLIAMS 2876 102ND ST VILLISCA, IA 50864			

13. AGREEMENT INFORMATION					EMERGENCY PROGRAMS ONLY
A. Program Code	B. Program Year	C. ST. & CO. Code	D. Agreement Number	E. Contract ID	F. Disaster ID
CRP		19 145	19_145_2021_0027A	11438A	Non-Project Area

14. REMARKS

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 7 CFR Part 701, 7 CFR Part 1410, and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for program benefits. 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 for program benefits.*

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 0560-0082. The time required to complete this information collection is estimated to average 3 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. ***RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

By signing this form, the Participant acknowledges and understands that any false representation or claims are subject to civil and criminal penalties including, but not limited to those under 18 U.S.C. 1001.

TOM WILLIAMS

This form is available electronically

Form Approved - OMB No. 0560-0082

FSA-848A-1

(09-10-2015)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

CONTINUATION SHEET FOR COST-SHARE AGREEMENT

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 7 CFR Part 701, 7 CFR Part 1410, and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for program benefits. 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 for program benefits.*

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 0506-0082. The time required to complete this information collection is estimated to average 1 minute 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. ***RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

By signing this form, the Participant acknowledges and understands that any false representation or claims are subject to civil and criminal penalties including, but not limited to those under 18 U.S.C. 1001.

1. AGREEMENT INFORMATION

A. Program Code	B. Program Year	C. ST. & CO. Code	D. Hydrologic Unit Code	E. Application Number	F. Contract ID	EMERGENCY PROGRAMS ONLY G. Disaster ID
CRP		19 145		19_145_2021_0027A	11438A	Non-Project Area

2. PRACTICES APPROVED

A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Program Accounting Code	F. Fund Code	G. Practice Units	H. Practice Extent Approved	I. Practice Expiration Date	J. Practice Life Span	K. Approved Cost-Share Rate and Type	L. Approved Cost-Share

3. COMPONENTS APPROVED

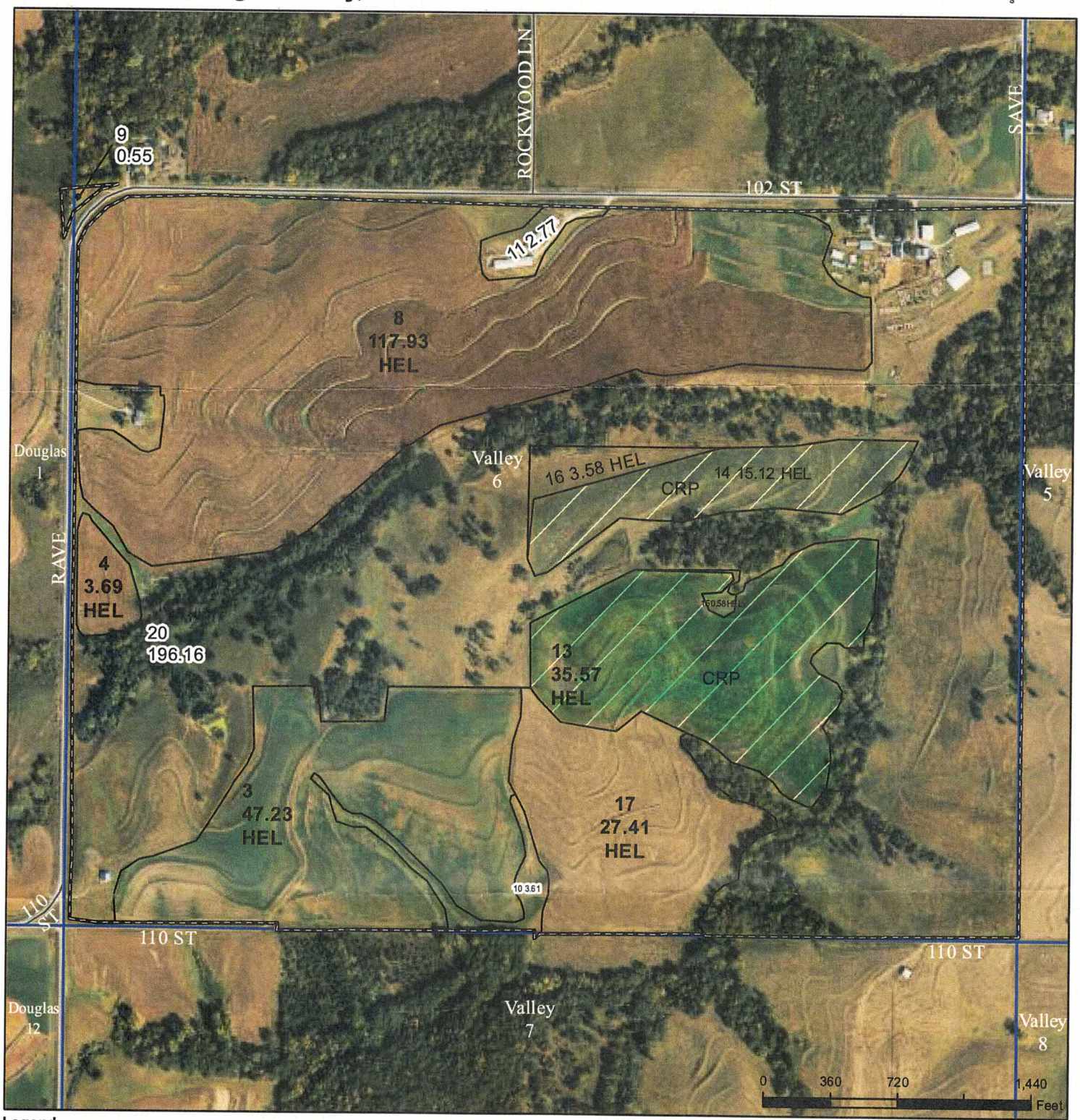
A. Farm No.	B. Tract No.	C. Field No.	D. Practice Control No.	E. Component No.	F. Component Title	G. Component Units	H. Component Extent Approved	I. Approved Cost-Share Rate and Type	J. Approved Cost-Share
0005632	0004265		19-145-2021-0027-01-CP38E-4D	MCMNOCSSEED	MCM No Cost Share - Seeding	Acre	32.57	50.00% Percent of Cost - Not to Exceed $0.00/Unit	$0.00

4. REMARKS

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (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 to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410 Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider, employer, and lender.

USDA United States Department of Agriculture

Page County, Iowa



Legend

Non-Cropland | CRP | Iowa PLSS
Cropland | Tract Boundary | Iowa Roads

Wetland Determination Identifiers

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

Tract Cropland Total: 251.11 acres

2025 Program Year

Map Created February 10, 2025

Farm **5632**

Tract **4265**

United States Department of Agriculture (USDA) Farm Service Agency (FSA) maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS).