

**Joe Kalcevic CRP Info**

CRP Termination penalty as of 1/31/2024 \$95,601.55

1 message

**Kalcevic Land Company** <klandco183@yahoo.com>

Total CRP: 762.61 acres

Tue, Nov 28, 2023 at 2:58 PM

To: "7487028@gmail.com" &lt;7487028@gmail.com&gt; Total crop acres in wheat: 1,000.7 acres

Cc: Andrea Nock &lt;agnock@gmail.com&gt;

Total crop acres fallow: 1,000.14 acres

Total crop acres fallow in Sec 30 going into grass: 285.95 acres

Frank,

Total pasture grass: 36.13 acres

Listed below is the CRP information you requested on the land that is proposed to be purchased by Epic Estates 10 LLC:

Contract #	Acres	Farm #	Tract #	Contract period	Rate/Acre	Annual payment	Legal Description
11009C	65.91	5242	8202	10/0/2016 – 9/30/2026	19.37	1277.00	Pt of S2 19-4s-57 (Arap)
11010C	581.49 35.98	5242	1924	10/1/2016 – 9/30/2026	18.51	11429.00	All 26-4s-58 (Arap) Pt of SE4 24-4s-58 (Arap)
11011C	79.23	5242	8204	10/1/2016 – 9/30/2026	15.58	1234.00	Pt of NE4 24-4s-58 (Arap)

There is a total of 762.61 acres of CRP. 2024 CRP payment will be prorated between buyer and seller, based on the date of closing.

Also, there is a total of 1000.70 acres of wheat planted to be harvested in 2024 and retained by the seller.

If you need any further information, please let me know.

Thanks,

Andrea Nock, on behalf of EHPR/Joe Kalcevic.

Rhodes M/R:

W2 19/4/59 UP W2 30/4/59 None 18/4/60 50%

<b>CRP-1</b> (01-08-24) <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation		1. ST. & CO. CODE & ADMIN. LOCATION 08 001		2. SIGN-UP NUMBER 49	
<b>CONSERVATION RESERVE PROGRAM CONTRACT</b>		3. CONTRACT NUMBER 11009D		4. ACRES FOR ENROLLMENT 65.91	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) ADAMS COUNTY FARM SERVICE AGENCY 57 W BROMLEY LANE BRIGHTON, CO80601-3025		6. TRACT NUMBER 8361		7. CONTRACT PERIOD FROM (MM-DD-YYYY) 10-01-2016 TO (MM-DD-YYYY) 09-30-2026	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (303) 659-0525		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 \$ 19.37		10. Identification of CRP Land (See Page 2 for additional space)			
9B. Annual Contract Payment \$ 1,277.00		A. Tract No. 8361	B. Field No. 1	C. Practice No. CP2	D. Acres 65.91
9C. First Year Payment \$		E. Total Estimated Cost-Share \$ 6,591.00			
(Item 9C is applicable only when the first year payment is prorated.)					
11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)					
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) EASTERN HIGH PLAINS RANCH PO BOX 816 BYERS, CO80103-0816		(2) SHARE 100.00 %	(3) SIGNATURE (By) <i>Joseph H Galix</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Pasture EXPA	
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) EPIC ESTATES 10 LLC 708 HORIZON ST FLOWER MOUND, TX75028-1462		(2) SHARE 0.00 %	(3) SIGNATURE (By) SEE ATTACHED	(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 <i>Cherri Mignogna, CED</i>			B. DATE (MM-DD-YYYY) 4-19-24

**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), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and the Conservation Reserve Program 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.**

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 Complaint Form, AD-3027, found online at [http://www.espr.usda.gov/complaint\\_filing\\_cust.html](http://www.espr.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 (866) 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.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

RECEIVED

MAR 26 2024

ADAMS COUNTY FSA

Date Printed: 03/21/2024

<b>CRP-1</b> (01-08-24)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	
<b>CONSERVATION RESERVE PROGRAM CONTRACT</b>		1. ST. & CO. CODE & ADMIN. LOCATION 08 001	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) ADAMS COUNTY FARM SERVICE AGENCY 57 W BROMLEY LANE BRIGHTON, CO80601-3025		2. SIGN-UP NUMBER 49	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (303) 659-0525		3. CONTRACT NUMBER 11009D	
6. TRACT NUMBER 8361		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2016 TO: (MM-DD-YYYY) 09-30-2026	
8. SIGNUP TYPE: General			
<p><b>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.</b></p>			
9A. Rental Rate Per Acre \$ 19.37		10. Identification of CRP Land (See Page 2 for additional space)	
9B. Annual Contract Payment \$ 1,277.00		A. Tract No. 8361	B. Field No. 1
9C. First Year Payment \$		C. Practice No. CP2	D. Acres 65.91
(Item 9C is applicable only when the first year payment is prorated.)		E. Total Estimated Cost-Share \$ 6,591.00	
<p><b>11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)</b></p>			
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) EASTERN HIGH PLAINS RANCH PO BOX 816 BYERS, CO80103-0816	(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) EPIC ESTATES 10 LLC 708 HORIZON ST FLOWER MOUND, TX75028-1462	(2) SHARE 0.00 %	(3) SIGNATURE (By) <i>Venkatesh Gerramsetty</i>	(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), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and the Conservation Reserve Program 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.**

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, audiotelephone, 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 Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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 (866) 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.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

RECEIVED  
MAR 25 2024  
ADAMS COUNTY FSA

Date Printed: 03/21/2024



<b>CRP-1</b> (01-08-24)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	
<b>CONSERVATION RESERVE PROGRAM CONTRACT</b>		1. ST. & CO. CODE & ADMIN. LOCATION 08 001	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) ADAMS COUNTY FARM 57 W BROMLEY LAI BRIGHTON, CO9060		2. SIGN-UP NUMBER 49	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (303) 659-0525		3. CONTRACT NUMBER 110100	
6. TRACT NUMBER 8355		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2016 TO: (MM-DD-YYYY) 09-30-2026	
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 \$ 18.51		10. Identification of CRP Land (See Page 2 for additional space)	
9B. Annual Contract Payment \$ 11,429.00		A. Tract No. 8355	B. Field No. 1
9C. First Year Payment \$		C. Practice No. CP2	D. Acres 424.11
(Item 9C is applicable only when the first year payment is prorated)		E. Total Estimated Cost-Share \$ 42,411.00	F. Acres 157.38
(Item 9C is applicable only when the first year payment is prorated)		G. Acres 8.13	H. Total Estimated Cost-Share \$ 813.00
11. PARTICIPANTS (If more than three individuals are signing, see Page 3)			
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) EASTERN HIGH PLAINS RANCH PO BOX 816 BYERS, CO80103-0816	(2) SHARE 100.00 %	(3) SIGNATURE (By) <i>Jayle &amp; Kalie</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Partner
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) EPIC ESTATES 10 LLC 708 HORIZON ST FLOWER MOUND, TX75028-1462	(2) SHARE 0.00 %	(3) SIGNATURE (By) SEE ATTACHED	(5) DATE (MM-DD-YYYY) 3/26/24
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 <i>Chere Mignogna CED</i>			B. DATE (MM-DD-YYYY) 4.19.24

**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), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and the Conservation Reserve Program 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. 3845(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.

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 Complaint Form, AD-3027, found online at [http://www.aphis.usda.gov/complaint\\_filing\\_cust.html](http://www.aphis.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 (866) 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.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

RECEIVED  
 MAR 26 2024  
 ADAMS COUNTY FSA

Date Printed 03/21/2024

<b>CRP-1</b> (01-08-24)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation		1. ST. & CO. CODE & ADMIN. LOCATION 08 001		2. SIGN-UP NUMBER 49	
<b>CONSERVATION RESERVE PROGRAM CONTRACT</b>				3. CONTRACT NUMBER 11010D		4. ACRES FOR ENROLLMENT 617.47	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) ADAMS COUNTY FARM SERVICE AGENCY 57 W BROMLEY LANE BRIGHTON, CO80601-3025				6. TRACT NUMBER 8355		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2016 TO: (MM-DD-YYYY) 09-30-2026	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (303) 659-0525				8. SIGNUP TYPE: General			
<p><b>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.</b></p>							
9A. Rental Rate Per Acre \$ 18.51		10. Identification of CRP Land (See Page 2 for additional space)					
9B. Annual Contract Payment \$ 11,429.00		A. Tract No. 8355		B. Field No. 1		C. Practice No. CP2	
9C. First Year Payment \$		8355		2		CP2	
(Item 9C is applicable only when the first year payment is prorated.)		8355		6		CP2	
						D. Acres 424.11	
						E. Total Estimated Cost-Share \$ 42,411.00	
						\$ 15,738.00	
						\$ 813.00	
<b>11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)</b>							
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) EASTERN HIGH PLAINS RANCH PO BOX 816 BYERS, CO80103-0816		(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) EPIC ESTATES 10 LLC 708 HORIZON ST FLOWER MOUND, TX75028-1462		(2) SHARE 0.00 %		(3) SIGNATURE (By) <i>Venkatesh Gerramsetty</i>		(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	
(5) DATE (MM-DD-YYYY)							
(5) DATE (MM-DD-YYYY)						3/24/24	
(5) DATE (MM-DD-YYYY)							
<b>12. CCC USE ONLY</b>		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), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and the Conservation Reserve Program 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.**

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, audiotope, 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 Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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 (866) 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.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

RECEIVED

MAR 25 2024

Date Printed: 03/21/2024

ADAMS COUNTY FSA





CRP-1 (01-08-24)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST. & CO. CODE & ADMIN. LOCATION GB 001		2. SIGN-UP NUMBER 49	
CONSERVATION RESERVE PROGRAM CONTRACT				3. CONTRACT NUMBER 11011D		4. ACRES FOR ENROLLMENT 79.23	
				6. TRACT NUMBER 8358		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2016 TO: (MM-DD-YYYY) 09-30-2026	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) ADAMS COUNTY FARM SERVICE AGENCY 57 W BROMLEY LANE BRIGHTON, CO80601-3025				8. SIGNUP TYPE: General			
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (303) 659-0525							
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		\$ 15.58		10. Identification of CRP Land (See Page 2 for additional space)			
9B. Annual Contract Payment		\$ 1,234.00		A. Tract No.	B. Field No.	C. Practice No.	D. Acres
9C. First Year Payment		\$		8358	44	CP2	79.23
(Item 9C is applicable only when the first year payment is prorated.)							
11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)							
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) EASTERN HIGH PLAINS RANCH PO BOX 816 BYERS, CO80103-0816		(2) SHARE 100.00 %	(3) SIGNATURE (By) <i>Jaryle H. Kalin</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Partner		(5) DATE (MM-DD-YYYY) 3/26/24	
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) EPIC ESTATES 10 LLC 708 HORIZON ST FLOWER MOUND, TX75028-1462		(2) SHARE 0.00 %	(3) SIGNATURE (By) SEE ATTACHED	(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 (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)	
12. CCC USE ONLY		A. SIGNATURE OF CCC REPRESENTATIVE <i>Cheri Mignogna CED</i>					B. DATE (MM-DD-YYYY) 4/19/24

**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), the Further Continuing Appropriations and Other Extensions Act 2024 (Pub. L. 118-22), and the Conservation Reserve Program 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.

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 Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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 (866) 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.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

RECEIVED

MAR 26 2024

Date Printed: 03/21/2024

ADAMS COUNTY FSA

<b>CRP-1</b> (01-08-24)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	
<b>CONSERVATION RESERVE PROGRAM CONTRACT</b>		1. ST. & CO. CODE & ADMIN. LOCATION 08 001	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) ADAMS COUNTY FARM SERVICE AGENCY 57 W BROMLEY LANE BRIGHTON, CO80601-3025		2. SIGN-UP NUMBER 49	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (303) 659-0525		3. CONTRACT NUMBER 11011D	
6. TRACT NUMBER 8358		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2016 TO: (MM-DD-YYYY) 09-30-2026	
8. SIGNUP TYPE: General		4. ACRES FOR ENROLLMENT 79.23	
<p><b>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.</b></p>			
9A. Rental Rate Per Acre \$ 15.58		10. Identification of CRP Land (See Page 2 for additional space)	
9B. Annual Contract Payment \$ 1,234.00		A. Tract No. 8358	B. Field No. 44
9C. First Year Payment \$		C. Practice No. CP2	D. Acres 79.23
(Item 9C is applicable only when the first year payment is prorated.)		E. Total Estimated Cost-Share \$ 7,923.00	
<b>11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)</b>			
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) EASTERN HIGH PLAINS RANCH PO BOX 816 BYERS, CO80103-0816	(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) EPIC ESTATES 10 LLC 708 HORIZON ST FLOWER MOUND, TX75028-1462	(2) SHARE 0.00 %	(3) SIGNATURE (By) <i>Venkatesh Gerramsetty</i>	(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  
<b>12. CCC USE ONLY</b>			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), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and the Conservation Reserve Program 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.**

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, audiotelephone, 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 Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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 (866) 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.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

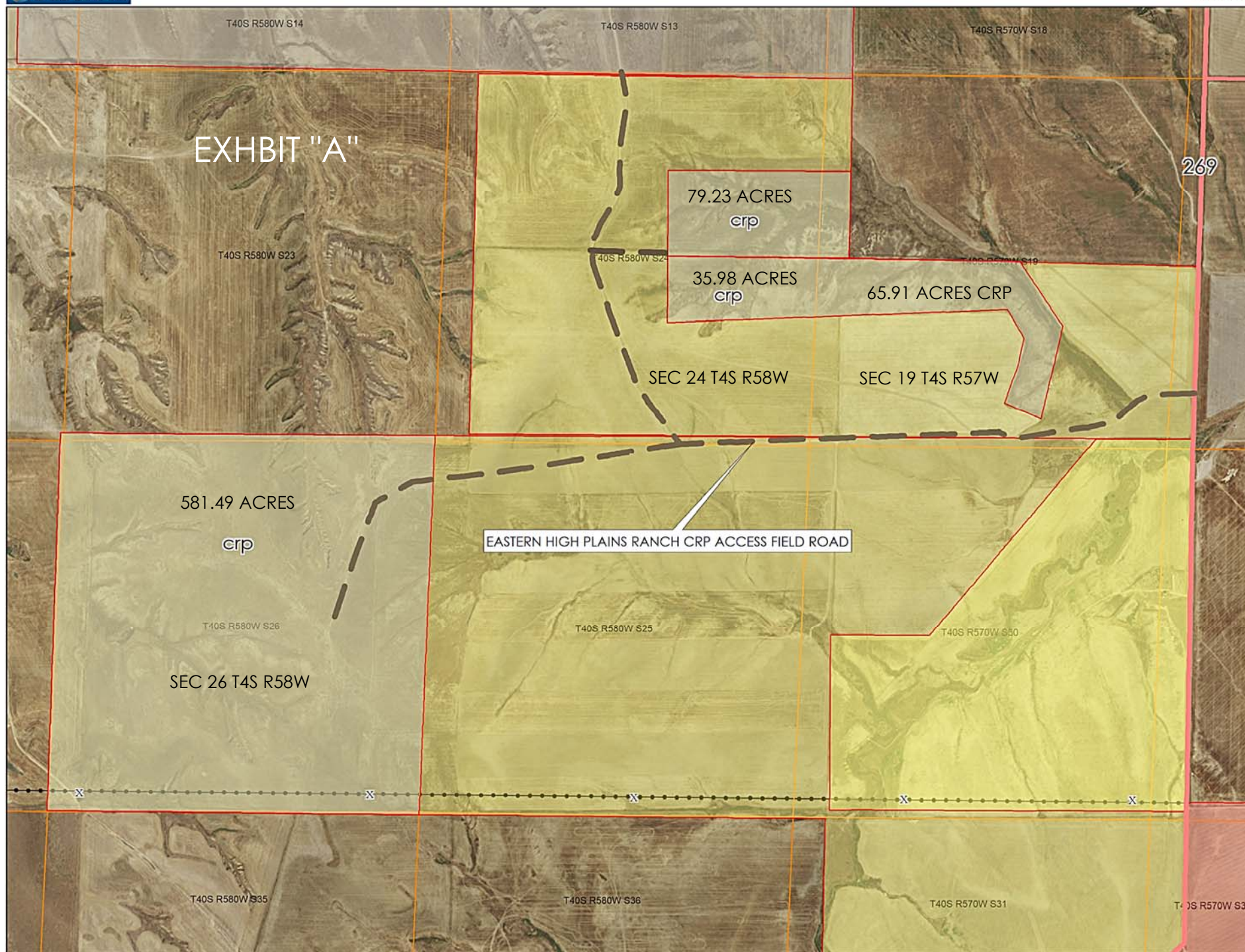
RECEIVED

MAR 25 2024

ADAMS COUNTY FSA

Date Printed: 03/21/2024

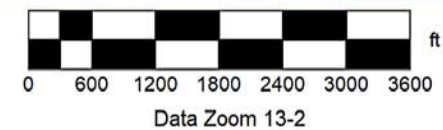




Data use subject to license.

© DeLorme, XMap® 8.

www.delorme.com





U.S. DEPARTMENT OF AGRICULTURE NATURAL RESOURCES CONSERVATION SERVICE		<b>REVISION OF PLAN / SCHEDULE OF OPERATIONS OR MODIFICATION OF A CONTRACT</b>		NRCS-CPA-1156	
PARTICIPANT EASTERN HIGH PLAINS RANCH	COUNTY AND STATE ARAPAHOE, CO	PROGRAM AND CONTRACT NUMBER 11010D	FUND CODE CRP 49		
LAND UNITS OR LEGAL DESCRIPTION Tract: 8355 FIELD 1,2,6,7,8	WATERSHED	ACRES 617.47	EXPIRATION DATE 9/30/2026		

Total Cost-Share or Payment by Year											Contract Payment
Year	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	
Amount(\$)	0	0	0	0	\$0	0	0	0	0	0	

NOTES: A. All items numbers on form NRCS-CPA-1155 must be carried out as part of this contract to prevent violation.  
 B. When established, the conservation practices identified by the numbered items must be maintained by the participant at no cost to the government.  
 C. All cost share rates are based on average cost (AC) with the following exceptions:  
 AA = Actual costs not to exceed average cost. FR = Flat rate. PR = Payment rate. NC = Non cost-shared. AM = Actual cost not to exceed the specified maximum.  
 D. By signing, the participant acknowledges receipt of this conservation plan including this form NRCS-CPA-1155 and agrees to comply with the terms and conditions here of.

<b>Certification of Participants</b>			
Signature By	Date	Signature By <i>Venkatesh Gerramsetty</i>	Date 4/4/24
EASTERN HIGH PLAINS RANCH		EPIC ESTATES 10 LLC	
Signature	Date	Signature	Date
0		0	
<b>Signatures of Reviewing Officials</b>			
NRCS Approving Official		Approved by COC	
Signature		Signature	
Date		Date	

#### 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 collections 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 information.

#### PRIVACY ACT

The above statements are made in accordance with the Privacy Act of 1974 (5 U.S.C 522a). Furnishing this information is voluntary; however failure to furnish correct, complete information will result in the withholding or withdrawal of such technical or financial assistance. The information may be furnished to other USDA agencies, the Internal Revenue Service, the Department of Justice, or other state or federal law enforcement agencies, or in response to orders of a court, magistrate, or administrative tribunal.

#### USDA NON-DISCRIMINATION STATEMENT

"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, family status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a 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 USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer."

**SIGN  
HERE**

Maintaining existing perennial vegetative cover on land enrolled in CRP to reduce soil erosion and sedimentation, improve water quality, and create or enhance wildlife habitat. These acres will require maintenance for weed control and stand sustainability during the contract to provide the quality cover and habitat necessary required under CRP. They will also be required to conduct a contract management activity, separate from maintenance, by the end of the sixth year of the contract.

Tract: 8355 FIELD 1,2,6,7,8

[illegible]

The temporary exclusion of animals, people, vehicles and or equipment from CRP acres during contract term to achieve and maintain desired resource conditions. Practice planning, application, and operation and maintenance, will be consistent with Colorado 472 – Access Control, Conservation Practice Standard planning criteria. Refer to the Colorado 472 – Access Control Job Sheet, for site-specific application requirements to achieve the intended purpose(s) and maintain desired resource conditions.

Tract: 8355 FIELD 1,2,6,7,8

[illegible]

Routine Haying is allowed on CRP land based on Farm Service Agency (FSA) National and State Policy for Managed Harvesting. Such haying operations have a minimum cutting height of 6 inches and must meet NRCS criteria for 511 - Forage Harvest Management. Lands containing a pollinator planting are not eligible for Managed Harvesting. Routine haying is allowed 1 in 5 years but not during the primary nesting season, March 15 to July 15. Refer to the Forage Harvest Management 511, Job Sheet or Implementation Requirements for more information. Producer must obtain FSA approval before implementing activity.

Tract: 8355 FIELD 1,2,6,7,8

[illegible]



U.S. DEPARTMENT OF AGRICULTURE NATURAL RESOURCES CONSERVATION SERVICE		REVISION OF PLAN / SCHEDULE OF OPERATIONS OR MODIFICATION OF A CONTRACT			NRCS-CPA-1156	
PARTICIPANT EASTERN HIGH PLAINS RANCH		COUNTY AND STATE ARAPAHOE, CO		PROGRAM AND CONTRACT NUMBER 11010D		FUND CODE CRP 49
LAND UNITS OR LEGAL DESCRIPTION Tract: 8355 FIELD 1,2,6,7,8		WATERSHED		ACRES 617.47		EXPIRATION DATE 9/30/2026

<b>Contract Item 4</b>		<b>Prescribed Grazing (528)</b>				
<p>Routine grazing is the controlled harvest of vegetation with animals. The purpose is to improve or maintain (1) health and vigor of plant communities, (2) quantity and quality of cover forage for wildlife, (3) water quality and quantity, and (4) soil condition. NRCS will prepare Prescribed Grazing Worksheets with information for specific grazing events. Grazing is allowed on CRP lands according to the Farm Service Agency (FSA) National and State policies, which allows this activity 1 in 3 years but not during the primary nesting season, March 15 to July 15. Any lands containing pollinator plantings are not eligible for grazing. Producer must obtain FSA approval prior to implementation.</p>						

Tract: 8355 FIELD 1,2,6,7,8

Contract Item	PLANNED CONSERVATION	Planned Amount	Unit Cost	Cost Share Rate/ Method	Completion Schedule and Estimated Cost Share or Payment by Year									
					2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
4	Prescribed Grazing (528)	617.5 ac		NC	617.5 ac	617.5 ac	617.5 ac	617.5 ac	617.5 ac	617.5 ac	617.5 ac	617.5 ac	617.5 ac	617.5 ac

<b>Contract Item 5</b>		<b>Upland Wildlife Habitat Management (645)</b>				
<p>Land enrolled in CRP will be managed to maintain or improve desired habitat values for grassland birds and other identified wildlife species. No maintenance practices shall be applied after vegetation establishment during the nesting period of March 15th – July 15th. Refer to Upland Wildlife Habitat Management (645) Standard and job sheet for additional guidelines on wildlife habitat quality criteria and assessment.</p>						

Tract: 8355 FIELD 1,2,6,7,8

Contract Item	PLANNED CONSERVATION	Planned Amount	Unit Cost	Cost Share Rate/ Method	Completion Schedule and Estimated Cost Share or Payment by Year									
					2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
5	Upland Wildlife Habitat Management (645)	617.5 ac		NC	617.5 ac	617.5 ac	617.5 ac	617.5 ac	617.5 ac	617.5 ac	617.5 ac	617.5 ac	617.5 ac	617.5 ac

<b>Contract Item 6</b>		<b>Early Successional Habitat Development/Management (647)</b>				
<p>CONTRACT MANAGEMENT ACTIVITIES -- All CRP contracts are required to perform a minimum of one contract management activity on all contract acres prior to the end of year 6 of the contract to ensure plant diversity and wildlife benefits. Contract management activities include tillage, interseeding, prescribed burning, residue management, fertilization (organic or inorganic), managed grazing, and managed haying. Refer to CRP Planning and Contract Management Guidance for contract management activities, worksheet, and limitations for use. The selected contract management activity(ies) must be denoted on the conservation plan of operations and approved by the FSA prior to implementation. Changes in contract activities must go through an approval process before being done. Contract management activities cannot be done during the primary nesting season, March 15 to July 15.</p>						

Tract: 8355 FIELD 1,2,6,7,8

Contract Item	PLANNED CONSERVATION TREATMENT	Planned Amount	Unit Cost	Cost Share Rate/ Method	Completion Schedule and Estimated Cost Share or Payment by Year									
					2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
6	Early Successional Habitat Development/Management (647)	617.5 ac		\$0										
6a	Mid-Contract Management - light disking-1st Year (1/3) or Single Application	0.0 ac	\$14.00/Acre	50% AM					0.0 ac					