

Farm Production and

Conservation

Farm Service Agency 133 W Bijou Ave Byers, CO 80103 303-822-5257 Phone

**Arapahoe County Farm Service Agency** 

## **NOTICE OF CONTRACT APPROVAL**

October 3, 2023

Clint & Kayla Bursch PO Box 566 Bird City, KS 67731

Dear Clint & Kayla:

Your offer to place land in the Conservation Reserve Program (CRP) has been approved by the Arapahoe County Committee.

Enclosed are your signed copies of the CRP contract and attachments. The effective date of the CRP contract is 10/01/2023.

Form FSA-848 is provided for those conservation practices that are to be established in accordance with the approved conservation plan as part of your contract. When the practices are completed, you must provide this office a report of performance by signing the FSA-848B and include all receipts affiliated with practice establishment so cost-share payments can be made.

Sincerely,

Cherei Mignagna Cherei Mignogna

Acting County Executive Director

RP-1 U.S. DEPARTMENT OF AGRICULTURE 07-06-20) Commodity Credit Corporation				1. ST. & C	O. CODE & AD	2. SIGN-UP NUMBER 60	
CONSERVATION RESERVE PROGRAM			CONTRACT		3. CONTRACT NUMBER		4. ACRES FOR ENROLLMENT 294.03
EA COUNTY E	SA OFFICE ADDRESS (Inch	ide Zio Code)		6. TRACT		. CONTRACT PERIO	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) ARAPAHOE COUNTY FARM SERVICE AGENCY 133 W BIJOU AVE BYERS, CO 80103-0000				35	527	ROM: (MM-DD-YYYY) 10-01-2023	TO: (MM-DD-YYYY) 09-30-2033
	-			8. SIGNU Gener			
At the first days	SA OFFICE PHONE NUMBI Code): (303) 822-5257 I is entered into between the						or togate
comply with the Program Contra applicable contra thorsto BY SIG	ulated contract period from to servation Plan developed fo terms and conditions contal ct (referred to as "Appendix" act period. The terms and contract PAR to; and, CRP-2, CRP-2C, CR	ned in this come "). By signing belo onditions of this c TICIPANTS ACKNO	ow, the Participant ontract are contain OWLEDGE RECEIF 0, as applicable.	acknowledges rec ed in this Form C T OF THE FOLLO	ceipt of a copy RP-1 and in the WING FORMS:	of the Appendix/Apper CRP-1 Appendix and CRP-1; CRP-1 Append	idices for the any addendum lix and any
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9A. Rental Rate			10. Identification	on of CRP Land	(See Page 2	for additional space	F Total Estimated
	Per Acre \$24.50		10. Identification	on of CRP Land B. Field No.	C. Practice		E. Total Estimated Cost-Share
9A. Rental Rate 9B. Annual Cor	Per Acre \$ 24.50 stract Payment \$ 7,204		10. Identification				Cost-Share \$ 18,286.00
9A. Rental Rate 9B. Annual Cor 9C. First Year F	Per Acre \$ 24.50 stract Payment \$ 7,204 Payment \$	.00	A. Tract No.	B. Field No.	C. Practice	No. D. Acres	E. Total Estimated Cost-Share
9A. Rental Rate 9B. Annual Cor 9C. First Year F (Item 9C is appli prorated.)	Per Acre \$ 24.50  Itract Payment \$ 7,204  Payment \$  Itraction only when the first year.	ar payment is	10. Identification A. Tract No. 3527 3527 3527	B. Field No. 0003 0013 0017	C. Practice	No. D. Acres 100.75	Cost-Share \$ 18,286.00
9A. Rental Rate 9B. Annual Cor 9C. First Year F (Item 9C is appliprorated.) 11. PARTIC	Per Acre \$ 24.50 Itract Payment \$ 7,204 Payment \$ Icable only when the first year IPANTS (If more than the second of the second	. 00 er payment is three individua	10. Identification A. Tract No. 3527 3527 3527 Is are signing,	B. Field No. 0003 0013 0017 See Page 3.)	C. Practice CP2 CP2 CP2	No. D. Acres 100.75 160.22 33.06	E. Total Estimated Cost-Share \$ 18,286.00 \$ 29,080.00 \$ 6,000.00
9A. Rental Rate 9B. Annual Cor 9C. First Year F (Item 9C is appliprorated.)  11. PARTICE A(1) PARTICE ADDRESS CLINT L BURSC PO BOX 566	Per Acre \$ 24.50  Itract Payment \$ 7,204  Payment \$  Icable only when the first year  IPANTS (If more than to any the control of the control	ar payment is	10. Identification A. Tract No. 3527 3527 3527	B. Field No.  0003  0013  0017  see Page 3.)  (By)	C. Practice CP2 CP2 CP2 CP2 A) TITLE/RELA INDIVIDUAL REPRESEN	No. D. Acres 100.75 160.22 33.06 TIONSHIP OF THE SIGNING IN THE TATIVE CAPACITY	E. Total Estimated Cost-Share \$ 18,286.00 \$ 29,080.00 \$ 6,000.00
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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
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.

Peperwork 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 perticipating 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, ege, marital status, family/parental status, income derived from a public essistance program, political beliefs, or reprised or retaliation for prior expression), sexual orientation, disability, ege, marital status, family/parental status, income derived from a public essistance program, political beliefs, or reprised or retaliation for prior expression), sexual orientation, disability, ege, marital status, family/parental status, income derived from a public essistance program, political beliefs, or reprised or retaliation for prior expression), sexual orientation, disability, ege, marital status, family/parental status, income derived from a public essistance program or political beliefs, or reprised or retaliation for prior expression), sexual orientation, disability, ege, marital status, family/parental status, income derived from a public essistance program or political beliefs, or reprised or retaliation for prior expression), sexual orientation, disability, ege, marital status, family/parental status, income derived from a public essistance program, political beliefs, or reprised or retaliation for prior expression).

Persons with disabilities who require atternative 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) 720-2800 (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 <a href="http://www.escr.usda.gov/complaint-filing\_cust.html">http://www.escr.usda.gov/complaint-filing\_cust.html</a>
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) and 22-9992. Submit your completed form or letter to USDA by: (1) mail: USDA by: (1) mail: USDA by: (1) mail: USDA by: (1) mail: USDA by: (2) fax: (202) 690-7442; or (3) email: program.inter-founds.gov. USDA is an equal opportunity provider, employer, and lender.

Page 2 of 2

CRP-1	(07-0)	6-20)
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CRP-1 (07-06-20)  11. PARTICIPANTS (CONTINUED FROM PAGE 1)						
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) HD 5 SE FAMILY LIVING TRUST	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)		
HD & SE FAMILY LIVING INUST C/O DEAN BURSCH 3912 NEEDLES DR COLORADO SPRINGS, CO 80908-1482	0.00%	· HO Bent	Trustee	4/1/2023		
E(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)		
F(1) PARTICIPANT'S NAME AND ADDRESS (Include Zlp Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)		
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(07-06-20) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. S1. & CO. CODE &	005	2. SIGN-UP NUMBER 60
CONSERVATION RESERVE PROGRAM CONTRACT	3. CONTRACT NUMB		4. ACRES FOR ENROLLMENT
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)	6. TRACT NUMBER	7. CONTRACT PERIOD	294.03
ARAPAHOE COUNTY FARM SERVICE AGENCY 133 W BIJOU AVE BYERS, CO 80103-0000	4935	FROM: (MM-DD-YYYY) 10-01-2023	TO: (MM-DD-YYYY) 09-30-2033
5B. COUNTY FSA OFFICE PHONE NUMBER  (Include Area Code): (303) 822-5257	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 \$ 24.50	10. Identificati	10. Identification of CRP Land (See Page 2 for additional space)			
9B. Annual Contract Payment \$7,204.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$	4935	0003	CP2	100.75	\$ 18,286.00
(Item 9C is applicable only when the first year payment i	is 4935	0013	CP2	160.22	\$ 29,080.00
prorated.)	4935	0017	CP2	33.06	\$ 6,000.00
11 DADTICIDANTS (If more than three individuals are signing, see Page 2.)					

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

		0 0	/	
A(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)	' '		INDIVIDUAL SIGNING IN THE	(MM-DD-YYYY)
CLINT L BURSCH			REPRESENTATIVE CAPACITY	
PO BOX 566	50.00%	See original		
BIRD CITY, KS 67731-0566				
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATÜRE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)			INDIVIDUAL SIGNING IN THE	(MM-DD-YYYY)
KAYLA D BURSCH	0/		REPRESENTATIVE CAPACITY	
PO BOX 566	50.00%	San interior		
BIRD CITY, KS 67731-0566		See original		
C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code) CLINT & KAYLA BURSCH JV			INDIVIDUAL SIGNING IN THE	(MM-DD-YYYY)
	0.00%	,	REPRESENTATIVE CAPACITY	
PO BOX 566 BIRD CITY, KS 67731-0566	0.00%	500 - 313.00		
·		See original		
12. CCC USE ONLY A. SIGNATU	RE OF CCC REF	PRESENTATIVE		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) 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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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 <a href="http://www.ascr.usda.gov/complaint-filing\_cust.html">http://www.ascr.usda.gov/complaint-filing\_cust.html</a> 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: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>. USDA is an equal opportunity provider, employer, and lender.

New Farm & tract number, DB

	11. PARTIC	CIPANTS (CONTINUED F	ROM PAGE 1)	
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) HD & SE FAMILY LIVING TRUST C/O DEAN BURSCH 3912 NEEDLES DR COLORADO SPRINGS, CO 80908-1482	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
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