|  |  |  |
| --- | --- | --- |
| ARM-LWR-283 (rev. 02/17) | | DATCP USE ONLY: |
|  | creplogo3Wisconsin Department of Agriculture,  Trade and Consumer Protection  *Division of Agricultural Resource Management* PO Box 8911, Madison, WI 53708-8911 (608)224-4632 | DATCP USE ONLY:  RECEIVED DATE:  LCD USE ONLY:  AGREEMENT EXPIRATION:  PRIMARY LANDOWNER INFO:        ( ) - |
| COUNTY CREP 15 YEAR AGREEMENT  Sec 93.70, Wis. Stats | |

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| THIS AGREEMENT is made and entered into by and between     County and landowner(s)    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  This Agreement is complete and valid as of the date signed by all parties.  FUNDS PAID by the County under this Agreement were obtained from a grant from the Wisconsin Department of Agriculture, Trade and Consumer Protection through the sale of tax- exempt general obligation State of Wisconsin bonds, issued under the provisions of Wis. Stat. § 93.70 and Wis. Stat. § 20.866(2)(wf).  FOR AND IN CONSIDERATION of the terms and conditions herein, the parties agree to the provisions as set forth in the following Sections 1, 2, 3 and 4 and any addenda, which are annexed and made a part hereof. |

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| LANDOWNER | **COUNTY** |
| (Attach Exhibit A1 if additional signatures are needed or for adding absentee signatures)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  **SIGNATURE OF LANDOWNER** DATE    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PRINT NAME  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  **SIGNATURE OF LANDOWNER/SPOUSE (if applicable)** DATE    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PRINT NAME  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  **SIGNATURE OF LANDOWNER/SPOUSE (if applicable)**  DATE    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PRINT NAME  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  **SIGNATURE OF LANDOWNER/SPOUSE (if applicable)** DATE    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PRINT NAME  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  **SIGNATURE OF LANDOWNER/SPOUSE (if applicable)** DATE    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PRINT NAME  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  **SIGNATURE OF LANDOWNER/SPOUSE (if applicable)**  DATE    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PRINT NAME | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  SIGNATURE OF AUTHORIZED COUNTY REPRESENTATIVE DATE    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PRINT NAME    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TITLE |
| STATE OF WISCONSIN DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Jennifer Heaton-Amrhein – Chief: Land Management Section DATE |

*This agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute a duplicate original, but all counterparts together shall constitute a single agreement. All parties agree that execution may be by electronic or scanned signature and that delivery may be by electronic mail.*

|  |  |
| --- | --- |
| SECTION 1A. COUNTY INFORMATION | |
| NAME OF RESPONSIBLE COUNTY AGENCY: | TELEPHONE NUMBER:  (   )    - |
| ADDRESS:       CITY:       STATE:    ZIP CODE: | |
| NAME OF AUTHORIZED REPRESENTATIVE: | |

|  |  |  |
| --- | --- | --- |
| SECTION 1B. LANDOWNER and CONTRACT INFORMATION | | |
| *All legal owners as indicated on the deed(s) for the land identified in Section 3 must be listed below along with contact information. If a payment is to go to someone other than a legal owner they must also be listed below.* | | | |
| **Primary Landowner Type (check one)**  **Individual**  **Corporation**  **Partnership**  **Trust**  **Other** | | | |
| **1.)** NAME OF LANDOWNER (Primary):  *(Individual, Corporation, Partnership etc. Spouse of an individual owner must be included)*  ADDRESS:       CITY:       STATE:    ZIP CODE:  TELEPHONE NUMBER: (   )   -  EMAIL:  **PERCENT OF PAYMENT:** | | | |
| **2.)** NAME OF LANDOWNER:  ADDRESS:       CITY:       STATE:    ZIP CODE:  TELEPHONE NUMBER: (   )   -  EMAIL:  **PERCENT OF PAYMENT:** | | | |
| **3.)** NAME OF LANDOWNER:  ADDRESS:       CITY:       STATE:    ZIP CODE:  TELEPHONE NUMBER: (   )   -  EMAIL:  **PERCENT OF PAYMENT:** | | | |
| **4.)** NAME OF LANDOWNER:  ADDRESS:       CITY:       STATE:    ZIP CODE:  TELEPHONE NUMBER: (   )   -  EMAIL: | | | |
| **5.)** NAME OF LANDOWNER:  ADDRESS:       CITY:       STATE:    ZIP CODE:  TELEPHONE NUMBER: (   )   -  EMAIL: | | | |
| **6.)** NAME OF LANDOWNER:  ADDRESS:       CITY:       STATE:    ZIP CODE:  TELEPHONE NUMBER: (   )   -  EMAIL: | | | |
| ***NOTE:*** *Payments can be made to up to three separate landowners and will be made in the manner indicated by the percentages listed above.* | | | |
| **CONTRACT INFORMATION CREP Reenroll:** | | | |
| CRP-1  EFFECTIVE DATE:  (CRP-1, Box 9) | AGREEMENT  EXPIRATION DATE:  (CRP-1, Box 9) | PRIOR STATE  AGREEMENT(s) #:  (Reenrolls only) | |

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| SECTION 2. AGREEMENT PROVISIONS |

1. **The signing landowner(s) listed on Page 1 and Exhibit A1 agree(s):**
2. To abide by the terms and conditions of the United States Department of Agriculture (USDA) CRP-1 and its appendix and any addenda and the Conservation Plan previously approved and executed on the designated property, and to install the conservation practice(s) indicated on the approved Conservation Plan, for lands indicated in Section 3. The CRP-1, CRP-1 Appendix and any addenda are hereby included by reference and become a part of this Agreement. The federal Conservation Reserve Program Agreement with the USDA is a prerequisite to, and underlies, this CREP Agreement with the County. Any violation or cancellation of the federal CRP Agreement, immediately violates and cancels this Agreement, except as provided in paragraph D3.
3. To install conservation practice(s) under the specifications and schedule outlined in the Conservation Plan. The Conservation Plan, the construction plan and practice standards, the operation and maintenance plan, and any addenda, are hereby included by reference and become a part of this Agreement.
4. To operate and maintain the practice(s) and land enrolled under this Agreement for the Agreement period specified in section 1B.
5. To operate the practice(s) in such a manner as to avoid water quality problems.
6. Not to discriminate against contractors because of age, race, religion, color, handicap, gender, physical condition, developmental disability, or national origin, in the performance of responsibilities under this Agreement.
7. To acknowledge the right of the County to stop work, or withhold payments under paragraph B2 or paragraph B3 for practice payments or incentive payments or payments of any other grant funds, if it is found that the Landowner, or construction contractor in their employment, has violated or breached this Agreement.
8. To provide the County, as applicable, with evidence of payment in full for all services, supplies and practices performed or installed pursuant to this Agreement and the CRP Agreement with FSA.
9. DATCP and the County and its employees, officers and agents have the right of ingress and egress from and to the described property across all contiguous lands owned by the Landowner for the purpose of exercising all rights and privileges granted herein including the right of inspection. The Landowner may provide a designated route as indicated in an attached map to and from the described property which DATCP or the County shall use if said route is reasonably convenient.
10. If the Landowner fails to comply with the terms and conditions of this Agreement as determined by DATCP or the County, including but not limited to, the installed practice(s) are not properly maintained or the practices are not operated in a manner so as to avoid water quality problems, this Agreement may be terminated. If this Agreement is terminated the Landowner shall repay all incentive and practice payments immediately upon demand by DATCP or the County.
11. If payback of the incentive payments and practice payments is required by DATCP or the County within the first five years of this Agreement, the payback required will not exceed 1.25 times the incentive payments and practice payments received through this Agreement. If payback of the incentive payments and practice payments is required by DATCP or the County AFTER the first five years of this Agreement, the payback will not exceed 1.15 times the incentive payment and any practice payments received through this Agreement. Payback of incentive payments and practice payments shall not be required for a practice if that practice is rendered ineffective during the specified Agreement period due to circumstances beyond the control of the Landowner. The Landowner, however, must promptly replace the practice without any additional practice payments or incentive payments under this Agreement.
12. Land subject to this Agreement may be sold or transferred. Landowner shall notify DATCP and County of any such pending sale or transfer. Landowner shall notify a prospective buyer or transferee of the Agreement and the opportunity to enter into a CREP Agreement. If the buyer or transferee chooses to discontinue the conservation practices under this Agreement, the Landowner is responsible for the reimbursement of incentive and practice payments in accordance with paragraph 10. Land may not be continued under a CREP Agreement with USDA, and a Landowner may not receive annual rental payments from USDA, unless the land is also covered by the Wisconsin CREP.

12. A Landowner who has a delinquent Wisconsin tax liability may have their payments offset by the State of Wisconsin, Department of Revenue.

13. Applicable Law and Venue: The laws of the State of Wisconsin shall govern this Agreement. The Landowner shall at all times comply with all federal, state, and local laws, ordinances, and regulations in effect during the period of this Agreement. Venue for all actions resulting from this Agreement shall be Dane County, Wisconsin.

**B.** **The County agency agrees:**

1. To provide technical assistance as it determines appropriate for the design, construction, and installation of conservation practice(s) required under the Conservation Plan, according to applicable NRCS standards.
2. To distribute incentive payments issued by DATCP under paragraph C1 to Landowner with all required attachments.
3. To distribute practice payments issued by DATCP under paragraph C2 to Landowner with all required attachments.
4. To use the most cost-effective method to achieve program objectives.
5. To coordinate the CREP eligibility, and any unanticipated changes in practice components and costs, with the USDA FSA.
6. To promptly request payment under the provisions of the Wisconsin CREP contract with DATCP to facilitate timely payments to the Landowner under paragraph B2 and B3 above.
7. To promptly forward originals or copies of all documents to FSA and/or DATCP, as applicable, under the provisions of the Wisconsin CREP.
8. To collect and retain copies of all documents as proof of payment to the contractors and make these copies available to DATCP upon request. These documents may be obtained from FSA based on FSA’s contract with the Landowner for CRP.
9. To retain all documents resulting from this Agreement for a minimum of three (3) years beyond the end of the Agreement period.
10. **DATCP agrees:**
11. To issue timely incentive payments up to the amount specified in Section 4, for land specified in Section 3, enrolled in CREP, to the Landowner, upon execution of this Agreement with all required attachments and mail such payments to County for distribution to Landowner.
12. To issue timely practice payments for installing the CREP practices, for the state amount of the CREP payment as provided in LWR-287, on land specified in Section 3, to the Landowner, upon certification by County that the practice(s) are complete and full and mail such payments to County for distribution to Landowner.
13. **The parties agree that:**
14. DATCP or the County have the right to enforce the terms of this Agreement and consent of DATCP, the County, or the landowners is not required for enforcement.
15. The County will report any violations of this Agreement or the federal CRP Agreement to FSA and DATCP. The County or DATCP may seek repayment from the landowner of funds up to the maximum authorized under paragraph A9.
16. Any cancellation of the federal Agreement by USDA, brought to the attention of the County, will also be reported to DATCP by the County. In the event that the federal Agreement is canceled, Landowner shall repay funds under paragraph A9 unless parties by mutual written consent agree that landowner will continue agreed upon conservation practices.
17. Satisfactory evidence of completion of a conservation practice will consist of a fully approved and executed USDA AD-848 form received by the County.
18. This Agreement may be amended, by mutual written Agreement of the parties, during its term, if the proposed changes will provide adequate vegetation and equal or greater control of water pollution or wildlife habitat.

**E. Landowner appeal rights:**

The landowner may appeal any decision of the County, regarding this grant, to the County in writing. The County corporation counsel will determine if the landowner is eligible for a hearing under chapter 68, Wis. Stats.

SECTION 3. LOCATION and PAYMENT INFORMATION (Attach additional sheets as necessary)

**Table I**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A.**  **CP**  (One practice per section) | | | | FARM #:  TRACT#:  CRP-1 #: | | | CREP PRACTICE TYPE  RIPARIAN  GRASSLAND | |
| MUNICIPALITY | ACRES | ¼ ¼ | 1/4 | SECTION | TOWNSHIP | RANGE | PARCEL TAX ID | FIELD #’s |
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| TILLABLE | Rate1:       X       ACRES X 1.5 = **B**. **$0.00** | | | | | | | |
| NON-TILLABLE | Rate1:       X       ACRES X 1.5 = **C**. **$0.00** | | | | | | | |
| D.TOTAL ACRES (Till+Non-Till) 0.00 | | E. INCENTIVE PAYMENT (B+C) **$0.00** | | | | **F. ESTIMATED** (.40 x Practice cost)  **PRACTICE PAYMENT2** | | |

**Table II**

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| **A.**  **CP**  (One practice per section) | | | | TRACT#:  CRP-1 #: | | | CREP PRACTICE TYPE  RIPARIAN  GRASSLAND | |
| MUNICIPALITY | ACRES | ¼ ¼ | 1/4 | SECTION | TOWNSHIP | RANGE | PARCEL TAX ID | FIELD #’s |
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| TILLABLE | Rate1:       X       ACRES X 1.5 = **B**. **$0.00** | | | | | | | |
| NON-TILLABLE | Rate1:       X       ACRES X 1.5 = **C.** **$0.00** | | | | | | | |
| D.TOTAL ACRES (Till+Non-Till) **0.00** | | E. INCENTIVE PAYMENT (B+C) **$0.00** | | | | **F. ESTIMATED** (.40 x Practice cost)  **PRACTICE PAYMENT2** | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A.**  **CP**  (One practice per section) | | | | TRACT #:  CRP-1 #: | | | CREP PRACTICE TYPE  RIPARIAN  GRASSLAND | |
| MUNICIPALITY | ACRES | ¼ ¼ | 1/4 | SECTION | TOWNSHIP | RANGE | PARCEL TAX ID | FIELD #’s |
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| TILLABLE | Rate1:       X       ACRES X 1.5 = **B**. **$0.00** | | | | | | | |
| NON-TILLABLE | Rate1:       X       ACRES X 1.5 = **C**. **$0.00** | | | | | | | |
| D.TOTAL ACRES (Till+Non-Till) **0.00** | | E. INCENTIVE PAYMENT (B+C) **$0.00** | | | | **F. ESTIMATED** (.40 x Practice cost)  **PRACTICE PAYMENT2** | | |

**Table III**

1 based on information from the appropriate form CRP-2C, Block #15

2 based on information in federal form CRP-1, Block #11E

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| 4. CERTIFICATION and PAYMENT REQUEST |

1. A copy of the following forms and materials are enclosed and the lands indicated on the Conservation Plan match those on the executed 15 -Year Agreement.

W-9 *(Signed by landowner for those requesting payment as indicated in Section 1B)*

Map (Clearly delineating the CREP area enrolled under the agreement along with other natural or man-made features such as lakes, ponds, swamps, rivers, streams, wood lots, roads, power lines, fences, lot lines, field boundaries and numbers, and structures including barns, houses and storage facilities)

CRP-1 *(Signed by FSA)*

CRP-2C

CRP-23/24 *(FSA approval letter to landowner)*

Property Tax Bills *(for all parcel(s) indicated in Section 3)*

Environmental Benefit Report Summary

IF NEEDED:

Ownership Documents *(to identify ownership such as deeds)*

Signing Authority Documents *(to identify signature authority for trusts, corporations, partnerships, POA, etc)*

1. **The following funds, requested by the county, represent the CREP incentive payment for this 15 -Year Agreement:**

|  |
| --- |
| TOTAL INCENTIVE PAYMENT: **$0.00**  (Add all Section 3. E’s) |
| TOTAL AGREEMENT ACRES: **0.00**  (Add all Section 3. D’s) |

**Notice:** Errors discovered in this form will delay payment and may result in the need to redraft documents.

|  |  |  |
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| ARM-LWR-283 (rev. 02/17) | | EXHIBIT A1 |
|  | creplogo3Wisconsin Department of Agriculture,  Trade and Consumer Protection  *Division of Agricultural Resource Management* PO Box 8911, Madison, WI 53708-8911 (608)224-4632 |

ACKNOWLEDGEMENT

*Instructions:* This Acknowledgement Form provides additional signature lines for landowners who were not able to sign page 1 of the “CREP County 15 Year Agreement” form ARM-LWR-283*.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LANDOWNER:**

**COUNTY:**   **FARM:**   **ACRES:**  0.00

**EXPIRATION DATE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below I acknowledge that I have reviewed the LWR-283 form and approve the establishment of a 15 year CREP agreement on the properties identified in Section 3 of the LWR-283 on the farm in the county listed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Landowner Signature Print Name Date**

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**Landowner Signature Print Name Date**

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**Landowner Signature Print Name Date**

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