This form is available electronically.

CCC-920
(07-01-03)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

GRASSLAND RESERVE PROGRAM CONTRACT

1. ST. & CO. CODE & C/D	2. CONTRACT NUMBER
3. ACRES FOR ENROLLMENT	4. FARM NUMBER

8A. COUNTY OFFICE ADDRESS (*Include Zip Code*):

5. TRACT NUMBER(S)

8B. TELEPHONE NUMBER (*Include Area Code*):

6. OFFER (*Select one*)

Contract Type	
10 Year	
15 Year	
20 Year	
30 Year	

7. CONTRACT PERIOD

FROM: (*MM-DD-YYYY*)	TO: (*MM-DD-YYYY*)

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owner(s), on the farm identified above. The undersigned person or persons may hereafter collectively be referred to as "the Participant". The Participant agrees to place the designated acreage into the Grassland Reserve Program ("GRP") for the stipulated contract period from the date the Contract is executed by the CCC or other use set by 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 CCC-920, Grassland Reserve Program Contract (referred to as "Appendix"). Return of the Appendix and any addendum there to are incorporated into this contract by reference and are binding upon the participant. ***BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CCC-920; CCC-920 Appendix and any addendum thereto; and if applicable, CCC-921.***

9A. Rental Rate Per Acre $ _____

9B. Annual Contract Payment $ _____

9C. First Year Payment $ _____

10. Conservation Practices *(See Page 2 for additional space)*

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total C/S

11. PARTICIPANTS

A(1). NAME AND ADDRESS (*Include Zip Code*):

(2) SHARE %

(3) SOCIAL SECURITY NUMBER:

(4) SIGNATURE

DATE (*MM-DD-YYYY*)

B(1).NAME AND ADDRESS (*Include Zip Code*):

(2) SHARE %

(3) SOCIAL SECURITY NUMBER:

(4) SIGNATURE

DATE (*MM-DD-YYYY*)

C(1). NAME AND ADDRESS (*Include Zip Code*):

(2) SHARE %

(3) SOCIAL SECURITY NUMBER:

(4) SIGNATURE

DATE (*MM-DD-YYYY*)

12. **CCC USE ONLY** - *Payments according to the shares are approved.*

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). The authority for requesting the following information is the Farm Security and Rural Investment Act of 2002, (Pub. L. 107-171) . The information will be used to determine eligibility for program benefits. Furnishing the requested information is voluntary, but failure to furnish the requested information will result in a determination of ineligibility. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a request by a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.* ***RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995.

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Continuation of Item 10 - Conservation Practices

A. TRACT NO.	B. FIELD NO.	C. PRACTICE NO.	D. ACRES	E. TOTAL C/S	CONTRACT PERIOD *(MM-DD-YYYY)*	
					F. FROM	G. TO