

This form is available electronically.

CCC-920 (08-25-09)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE & C/D	2. CONTRACT NUMBER
GRASSLAND RESERVE PROGRAM CONTRACT		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		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) TO: (MM-DD-YYYY)
	10 Year <input type="checkbox"/>		
	15 Year <input type="checkbox"/>		
	20 Year <input type="checkbox"/>		

*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.***

	10. Conservation Practices (See Page 2 for additional space)				
	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total C/S
9A. Rental Rate Per Acre	\$				
9B. Annual Contract Payment	\$				
9C. First Year Payment	\$				

11. PARTICIPANTS

A(1). Name and Address (Include Zip Code)	(2) Share %	(3) Signature (By)	(4) Title/Relationship of the Individual Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)
	%			
B(1). Name and Address (Include Zip Code)	(2) Share %	(3) Signature (By)	(4) Title/Relationship of the Individual Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)
	%			
C(1). Name and Address (Include Zip Code)	(2) Share %	(3) Signature (By)	(4) Title/Relationship of the Individual Signing in a Representative Capacity	(5) 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 - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1415, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.

The information collection is exempted from the Paperwork Reduction Act, as it is required for the administration of the Food, Conservation, and Energy Act of 2008 (see Public L. 110-246, Title II, Subtitle J-Miscellaneous Conservation Provisions).

The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

The U.S. Department of Agriculture prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of Discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 845-6136 (Spanish) or (800) 877-8339 (TDD) or (866) 377-8642 (Federal-relay). USDA is an equal opportunity provider and employer.

