



**United States  
Department of  
Agriculture**

Farm  
Production  
and  
Conservation

Farm  
Service  
Agency

Farm Programs  
1400 Independence Ave, SW  
Stop 0512  
Washington, DC 20250-0512

Dear Customer,

Thank you for your interest in the **Seafood Trade Relief Program (STRP)**. STRP provides direct support to U.S. commercial fishermen who hold a valid federal or state license or permit. The catch must be sold to a permitted or licensed seafood dealer or by a permitted dealer if the catch is processed at sea. **The deadline to submit the CCC-916 STRP Application form is December 14, 2020.** The deadline to complete eligibility paperwork is 60 days from the date the CCC-916 application is signed.

Please find the following documents contained in this packet and may be needed to complete your application:

- AD-2047 Customer Data Worksheet
- AD-2106 Form to Assist in Assessment of USDA Compliance with Civil Rights Laws
- CCC-941 Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information
- CCC-942 Certification of Income from Farming, Ranching, and Forestry Operations
- CCC-902I Short Form Farm Operating Plan for Individuals
- CCC-902E Farm Operating Plan for Entities
- CCC-901 Member's Information for Entities
- SF-3881 Payment Enrollment Form
- CCC-916 Seafood Trade Relief Program (STRP) Application

**If you are applying to programs as an individual, sole proprietor, or DBA (doing business as), follow the instructions on page 3. If you are applying to STRP as an entity, please follow the instructions on page 5.**

In addition to the above forms, you may be asked to provide the following supporting documents:

- 2019 and/or 2020 commercial fishing licenses and permits, including any licenses and permits leased, and
- Documentation showing the quantity of product sold to your seafood dealer(s) in 2019.

Please note, a percentage of program participants will be spot checked at a later date to evaluate the integrity and accuracy of the program. In order to provide records for those spot checks, records must be maintained for 3 years after applying for STRP. If you are selected for an audit of your certifications on these forms, these records will be required to support your submissions on the application.

Once your application packet is complete, please submit it to your FSA county office or the FSA Call Center for processing. You can find the contact information for the closest FSA county office by going to <https://www.farmers.gov/service-center-locator>. Your local office may have electronic methods for submitting your applications. Applicants who prefer to mail their application packet may do so to the following address:

**FSA Call Center  
Chelan County FSA Office  
215 Melody Lane  
Wenatchee, WA 98801**

Due to the large volume of applications expected, please refrain from submitting your application multiple times. You should submit only one application packet to your local county office or to the Call Center address above.

If you have questions or need assistance regarding STRP, please call the **FSA Call Center at (877) 508-8364**.

Sincerely,

Farm Service Agency  
United States Department of Agriculture

# SEAFOOD TRADE RELIEF PROGRAM

USDA is helping U.S. fishermen who have been impacted by retaliatory tariffs from foreign governments through the Seafood Trade Relief Program (STRP).

## Overview

STRP is part of a relief strategy to support American producers while the Administration continues to work on free, fair, and reciprocal trade deals to open more markets to help American farmers and fishermen compete globally.

STRP is funded by the Commodity Credit Corporation (CCC) and administered by the Farm Service Agency. FSA is accepting applications for STRP from **September 14, 2020** to **December 14, 2020**.

## Who is Eligible?

The program provides direct support to U.S. commercial fishermen who have a valid federal or state license or permit to catch seafood who bring their catch to shore and sell or transfer them to another party. That other party must be a legally permitted or licensed seafood dealer. Alternatively, the catch can be processed at sea and sold by the same legally permitted entity that harvested or processed the seafood.

Products grown in a controlled environment are not eligible for the program except for geoducks and salmon.

Payments are based on 2019 landings of:

- Atka mackerel
- Crab (Dungeness, King, Snow, Southern Tanner)
- Flounder
- Geoduck
- Goosefish
- Herrings
- Lobster
- Pacific Cod
- Pacific Ocean Perch
- Pollock
- Sablefish
- Salmon
- Sole
- Squid
- Tuna
- Turbot



STRP assists U.S. licensed or permitted commercial fishermen for covered species caught in U.S. waters. Seafood processors and processed products are not covered by this program.

## Payment Limitations

STRP prohibits a person or legal entity from receiving more than \$250,000 from the program. In addition, an applicant's average adjusted gross income (AGI) cannot exceed \$900,000 unless at least 75 percent of the AGI of the person or entity comes from farming, ranching, forestry, seafood harvesting, or related activities.

## How to Apply

Fishermen should contact their local USDA Service Center to apply for the program. To find your local Service Center, visit [Farmers.gov/service-locator](https://www.farmers.gov/service-locator).

The STRP application can be found on September 14, 2020 at [Farmers.gov/Seafood](https://www.farmers.gov/Seafood). FSA will work with fishermen via phone, email, fax, mail or online tools like Box and Onespan, and in person appointments where applicable.

A Call Center is available for fishermen who would like additional one-on-one support with the STRP application process. Please call 877-508-8364 to speak directly with a USDA employee ready to offer assistance.

## More Information

This fact sheet is for informational purposes only, other restrictions may apply. For more information about the STRP program, visit [Farmers.gov/Seafood](https://www.farmers.gov/Seafood).

## **Instructions for Individuals**

Individuals are: a single person, sole proprietor, as single person doing business under a business name (does not include single member LLCs, see instructions for entities on page 3). If you are a sole proprietor or DBA, you must complete all forms as an individual, using your name and your SSN.

### **AD-2047 Customer Data Worksheet Instructions**

Please fill out information in part A. In item #6, please include all current mailing addresses.

### **AD-2106 Form to Assist in Assessment of USDA Compliance with Civil Rights Laws**

This form is optional. Please fill out the information as requested on the form.

### **CCC-941 Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information Instructions**

This form is commonly referred to as the AGI form. This form is provided to the IRS for verification. Therefore, it is imperative that the form is filled out legibly and completely. You must provide your full name, address, and SSN as seen on your tax records. Only providing the last four of the SSN is not acceptable. Instructions on how to calculate your AGI are provided on page 12. Spousal signature authority and other powers of attorney cannot be accepted on this form unless they have been approved by the FSA regional attorney. After following the instructions on page 12, if you find that your adjusted gross income is above \$900,000 please select the "More than \$900,000" box in item #5. If this box is selected but 75% of your income comes from a farming, ranching, or fishing operation, you may still be eligible for the program. Please fill out the CCC-942 form described below.

### **CCC-942 Certification of Income from Farming, Ranching and Forestry Operations**

This form is only needed if item #5 of the CCC-941 is marked "More than \$900,000," but 75% of your income comes from a farming, ranching, or fishing operation. Please fill out the highlighted portions of this form. Instructions for completing the form can be found on page 14. Once signed, your certified public accountant (CPA) or attorney must review the form and complete Part C.

### **CCC-902I Short Form Farm Operating Plan for an Individual**

Please fill out the highlighted portions of this form, Parts A, B, and F. If you are a minor, you will be asked by your local county office to provide additional information (a CCC-902I Standard form may be requested). If you are not a citizen, but are a legal resident, please provide a copy of your green card (I-551).

### **CCC-901 Member's Information Instructions**

Individuals do not need to complete this form.

**SF-3881 Payment Enrollment Form Instructions**

Please complete the highlighted sections of this form. Then, either provide the county office with a voided check (an image/scan of a voided check is acceptable) or have an authorized official from the financial institution sign at the bottom of the form.

**CCC-916 Seafood Trade Relief Program (STRP) Application Instructions**

Please fill out parts B, C, and D where highlighted.

## **Instructions for Entities**

Entities are: Limited Liability Companies, Corporations, Joint Ventures, General Partnerships, Limited Partnerships, Irrevocable Trusts, Revocable Trusts, Estates, Non-Profits, Public Schools, and similar operating agreements.

### **AD-2047 Customer Data Worksheet Instructions**

Please fill out information in part A. In item #6, please include all current mailing addresses.

### **AD-2106 Form to Assist in Assessment of USDA Compliance with Civil Rights Laws**

This form is optional. Please fill out the information as requested on the form. If your entity has multiple members, please fill out separate forms for each person.

### **CCC-941 Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information Instructions**

This form is commonly referred to as the AGI form. Entities must complete one form for the parent entity and additional forms for each member, including embedded entities and members of embedded entities. This form is provided to the IRS for verification. Therefore, it is imperative that the form is filled out legibly and completely. Each entity and person completing the form must provide their full name, address, and SSN/EIN as seen on their tax records. Only providing the last four of the SSN/EIN is not acceptable. Instructions on how to calculate your AGI are provided on page 12. Spousal signature authority and other powers of attorney cannot be accepted on this form unless they have been approved by the FSA regional attorney. After following the instructions on page 12, if you find that your adjusted gross income is above \$900,000 please select the "More than \$900,000" box in item #5. If this box is selected but 75% of your income comes from a farming, ranching, or fishing operation, you may still be eligible for the program. Please fill out the CCC-942 form described below.

### **CCC-942 Certification of Income from Farming, Ranching and Forestry Operations**

This form is only needed if item #5 of the CCC-941 is marked "More than \$900,000," but 75% of your income comes from a farming, ranching, or fishing operation. Please fill out the highlighted portions of this form. Instructions for completing the form can be found on page 14. Once signed, your certified public accountant (CPA) or attorney must review the form and complete Part C.

**CCC-902E Farm Operating Plan for an Entity**

Please fill out the highlighted portions of this form, Parts A, B, and L. Part C is unnecessary if the CCC-901 is completed in full (see instructions below).

**CCC-901 Member's Information Instructions**

For all entities, please fill out the highlighted portions of this form. If your entity has embedded entities, please fill out the rest of the form. The member name, SSN or Tax ID number, address, percent share, and signature authority status must be indicated for all people within the entity even if they are a member of an embedded entity. List all members/shareholders who are minors in Part D. Complete Part 7 with the US citizenship status for all members/shareholders.

**SF-3881 Payment Enrollment Form Instructions**

Please complete the highlighted sections of this form. Then, either provide the county office with a voided check (an image/scan of a voided check is acceptable) or have an authorized official from the financial institution sign at the bottom of the form.

**CCC-916 Seafood Trade Relief Program (STRP) Application Instructions**

Please fill out parts B, C, and D where highlighted.

**AD-2047**

(03-30-17)

**U.S. DEPARTMENT OF AGRICULTURE**

Farm Service Agency

Rural Development

Natural Resources Conservation Service

**CUSTOMER DATA WORKSHEET REQUEST FOR BUSINESS PARTNER RECORD CHANGE**

(See Page 2 for Privacy Act and Paperwork Reduction Act Statements)

**PART A – CUSTOMER INFORMATION**

1A. Customer's Full Name or Business Name		1B. Customer or Business Address (Including Zip Code)	
1C. Home Telephone Number (Area Code)	1D. Business Telephone Number (Area Code)	1E. Other Telephone Number (Area Code)	
2. SSN or Tax ID Number (9 Digits)		3. E-Mail Address	
4A. Does the customer want to receive mail by USPS?  <input type="checkbox"/> YES <input type="checkbox"/> NO	4B. Does the customer want to receive e-mails via GovDelivery?  <input type="checkbox"/> YES <input type="checkbox"/> NO	4C. Does the customer want to receive sensitive (but non-PII) Producer or Farm Specific related emails?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Producer is Customer of One or More of the Following Agencies. (Check Appropriate Agency(ies) below:) <input type="checkbox"/> FSA <input type="checkbox"/> RD <input type="checkbox"/> NRCS <input type="checkbox"/> Not Participating			
6. Is the Customer a Multi-County Producer? <input type="checkbox"/> YES (If "YES," list States and/or Counties below:) <input type="checkbox"/> NO			
7. Reason for Request (Check appropriate box(es) below): <input type="checkbox"/> New Producer <input type="checkbox"/> Address Change <input type="checkbox"/> Telephone Change <input type="checkbox"/> Sale/Purchase <input type="checkbox"/> Life Event <input type="checkbox"/> Other (Specify):			
8. Enter the name of the customer requesting the record change(s). If documentation is received by Fax or from a trusted source (i.e., USPS), attach documentation to this form. Only Part A, Item 1A and Part B shall be completed. If the request was received by telephone, complete applicable blocks necessary to document the change(s) and enter the requestor's name in Item 8A. Requestor's signature is not required. <b>(The only time the customer is required to sign Item 8B is when they are physically at a Service Center and providing FSA with applicable information.)</b>			
8A. Name of Customer Requesting Change		8B. Customer Signature	8C. Date of Record Change (MM-DD-YYYY)

**PART B – SERVICE CENTER ACTION**

9A. Agency Who Received Request: (Check one below)  <input type="checkbox"/> FSA <input type="checkbox"/> NRCS <input type="checkbox"/> RD	9B. Initials of Employee Receiving Request (If Different than Item 12A)	9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
10. How the Request for Change was Received: <input type="checkbox"/> Office Visit <input type="checkbox"/> Telephone <input type="checkbox"/> FAX <input type="checkbox"/> USPS <input type="checkbox"/> Other (Specify):		
11. Remarks if Applicable:		
12A. Signature of Employee Updating Business Partner if not initialed in Item 9B.	12B. Date Service Center Employee Updating Business Partner (MM-DD-YYYY)	
<b>FOR DISTRICT DIRECTOR/AREA CONSERVATIONIST USE ONLY. (OPTIONAL)</b>		
13A. I concur/do not concur the above items have been properly updated. <input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur		
13B. Name of District Director/Area Conservationist for Spot Check	13C. Signature of District Director/Area Conservationist for Spot Check	
13D. Title	13E. 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 Computer Security Act of 1987 (Pub. L. 100-235), OMB Circular A-123, Federal Managers' Financial Integrity Act of 1982, and Privacy Act of 1974 (5 USC 552a - as amended). The information will be used to document a request by the producer for changes to the business partner record. 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 Notices for USDA/FSA-2, Farm Records File (Automated), USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files, and USDA/RD-1, Applicant, Borrower, Grantee, or Tenant File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to request changes within the business partner record.

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 collection is 0560-0265 and 0560-0289. The time required to complete this information collection is estimated to average 10 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 of information.

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.**

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.



U.S. Department of Agriculture

**Form to Assist in Assessment  
of USDA Compliance With Civil Rights Laws**

**QUESTIONNAIRE**

The purpose of this questionnaire is to gather race, ethnicity, and gender information about persons who apply and participate in this USDA program. The information you provide will not be used when reviewing your application or when determining whether you are eligible to participate in this program. This is a voluntary questionnaire. You are not required to give this information, but we hope you will because the information you give will be used to improve the operation of this program, to help USDA design additional opportunities for program participation, and to monitor enforcement of laws that require equal access to this program for eligible persons. If you have previously provided this information to USDA please DO NOT fill out this form. Your information will be kept private to the extent permitted by law. Thank you for your response.

1. What is your name?

\_\_\_\_\_

2. Legal Residence:

\_\_\_\_\_

\_\_\_\_\_

3. What is your gender?

\_\_\_\_ Male

\_\_\_\_ Female

**Please answer BOTH question 4 and question 5 below about ethnicity and race. For this questionnaire, Hispanic or Latino origins are not races.**

4. Ethnicity:

\_\_\_\_ Hispanic or Latino

\_\_\_\_ Not Hispanic or Latino

5. What is your race? Mark all that apply.

\_\_\_\_ American Indian or Alaska Native

\_\_\_\_ Asian

\_\_\_\_ Black or African American

\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_ White

According to the Paperwork Reduction Act of 1995, an agency may not conduct, 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 collection is 0503-0019. The time required to complete this information collection is estimated to average 2 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 of information.

## Instructions for AD-2106

### ***Form to Assist in Assessment of USDA Compliance with Civil Rights Laws***

This form is used by USDA agencies, including FSA, NRCS, RBS, RHS, and RUS to gather race, ethnicity, and gender information from program participants. For participants that are entities, complete a separate form for each member.

***Participants should complete all items.***

Fld Name /	Instruction
1. What is Your Name	Enter your full legal name.
2. Legal Residence	Enter your current address.
3. Gender	Check your appropriate gender.
4. Ethnicity	Check your appropriate ethnicity.
5. Race	Check your appropriate race(s). Multiple races may be checked.
<b>PRIVACY ACT STATEMENT</b>  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 Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to compile program application and participation rate data regarding socially disadvantaged farmers or ranchers and to conduct oversight and evaluation of civil rights compliance. The information collected on the 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 customer declared data not being entered into the database.  The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. <b>RETURN THIS COMPLETED FORM TO THE APPROPRIATE USDA SERVICING OFFICE.</b>	
<b>NONDISCRIMINATION STATEMENT</b>  The U.S. Department of Agriculture (USDA) prohibits discrimination in all of 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, political beliefs, genetic information, 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, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.	

This form is available electronically.

<b>CCC-941</b> (09-21-20)  <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation  <b>AVERAGE ADJUSTED GROSS INCOME (AGI) CERTIFICATION AND CONSENT TO DISCLOSURE OF TAX INFORMATION</b>	<b>1. Return completed form to:</b>  <i>(Name and address of FSA county office or USDA Service Center)</i>
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**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 1400, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (Pub. L. 99-198), the Agricultural Act of 2014 (Pub. L. 113-79), and the Agriculture Improvement Act of 2018 (Pub. L. 115-334). 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 USD A/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.

**Paperwork Reduction Act (PRA) Statement:** This information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B).

**Public Burden Statement:** For CFAP 2.0 only, public reporting burden for this collection is estimated to average 15 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection, or USDA may not conduct or sponsor a collection of information unless it displays a valid OMB control number. **PLEASE RETURN COMPLETED FORM TO FSA AT THE ABOVE ADDRESS.**

<b>2. Name and Address of Individual or Legal Entity (Including Zip Code)</b>  <i>(Use the same name and address as used for the tax return specified in Part B.)</i>	<b>3. Taxpayer Identification Number (TIN) (Social Security Number for Individual; or Employer Identification Number for Legal Entity)</b>
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## PART A CERTIFICATION OF AVERAGE ADJUSTED GROSS INCOME

<b>4. The program year for payment eligibility</b>  <b>A. 20__</b> Enter the year for which program benefits are requested. The period for calculation of the average AGI will be of the three taxable years preceding the most immediately preceding complete taxable year for which benefits are requested. For example, the 3-year period for the calculation of the average AGI for 2019 would be the taxable years of 2017, 2016 and 2015.
<b>5. I certify that the average adjusted gross income of the individual or legal entity in Item 2 (for the year included in Item 4) was:</b> <b>A. <input type="checkbox"/> Less than (or equal to) \$900,000</b>  <b>B. <input type="checkbox"/> More than \$900,000</b>

## PART B CONSENT TO DISCLOSURE OF TAX INFORMATION

Pursuant to 26 U.S.C. §6103, I hereby authorize the Internal Revenue Service (IRS) to review the following items of "return information" (as defined in 26 U.S.C. §6103(b)(2)) from the returns (as specified below) of the individual or legal entity identified in Item 2 for the taxable years indicated in Item 4:

**Form 1040 and 1040NR filers:** farm income or loss; adjusted gross income

**Form 1120, 1120A, 1120C filers:** charitable contributions, taxable income

**Form 1041 filers:** farm income or loss, charitable contributions, income distribution deductions, exemptions, adjusted total income; total income

**Form 1120S filers:** ordinary business income

**Form 1065 filers:** guaranteed payments to partners, ordinary business income

**Form 990T:** unrelated business taxable income

I understand the IRS will review these items of return information in order to perform calculations, the results of which I authorize to be disclosed to officers and employees of the United States Department of Agriculture (USDA) for use in determining the individual's or legal entity's eligibility for specified payments for various commodity and conservation programs. The calculations performed by the IRS use a methodology prescribed by the USDA. In addition, I am aware that the USDA may use the information received for compliance purposes related to this eligibility determination, including referrals to the Department of Justice.

Specially, the IRS will disclose to the USDA the individual's or legal entity's name and TIN, and inform the USDA if, pursuant to its calculations, the average Adjusted Gross Income (AGI) is above or below eligibility requirements as prescribed by the Agricultural Act of 2014 or Agriculture Improvement Act of 2018. The IRS will also disclose to the USDA the type of return from which the information used for the calculations was obtained.

If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the specified return has not been filed, for any of the taxable years indicated, the IRS may disclose that it was unable to locate a return, or that a return was not filed, for those years, whichever is applicable.

**An approved Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority when completing this form.**

**By signing this form:**

- I acknowledge that I have read and reviewed all definitions and requirements on Page 2 of this form;
- I certify that all information contained within this certification is true and correct; and is consistent with the tax returns filed with the IRS;
- I agree to authorize CCC to obtain tax data from the IRS for AGI compliance verification purposes by filing this form;
- I am aware that without this consent to disclosure, the returns and return information of the individual or legal entity identified in Item 2 are confidential and are protected by law under the Internal Revenue Code;
- I certify that I am authorized under applicable state law to execute this consent on behalf of the legal entity identified in Item 2 (for legal entity only).

<b>6. Signature (By)</b>	<b>7. Title/Relationship of the Individual if Signing in a Representative Capacity for a legal entity</b>	<b>8. Date (MM-DD-YYYY)</b>
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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 [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.

**GENERAL INFORMATION ON AVERAGE ADJUSTED GROSS INCOME – PART A**

Individuals or legal entities that receive benefits under most programs administered by CCC cannot have incomes that exceed a certain limit set by law. For entities, both the entity itself, and its members cannot exceed the income limitation. If a member, whether an individual or an entity, of an entity exceeds the limitation, payments to that entity will be commensurately reduced according to that member's direct or indirect ownership share in the entity. (All members of the entity must also submit this form to verify income the limitation is met.)

**Adjusted Gross Income** is the individual's or legal entity's IRS-reported adjusted gross income consisting of both farm and nonfarm income. A three-year average of that income will be computed for the three years of the relevant base period identified on the first page of this form to determine eligibility for the applicable program year. Individuals or legal entities with average **adjusted gross income** greater than \$900,000 shall be ineligible for all payments and benefits under the commodity, price support, disaster assistance, and conservation programs.

**HOW TO DETERMINE ADJUSTED GROSS INCOME (AGI)**

**Individual** – Internal Revenue Service (IRS) Form 1040 filers, specific lines on that form represent the adjusted gross income and the income from farming, ranching, or forestry operations.

**Trust or Estate** – the adjusted gross income is the total income and charitable contributions reported to IRS.

**Corporation** – the adjusted gross income is the total of the final taxable income and any charitable contributions reported to IRS.

**Limited Partnership (LP), Limited Liability Company (LLC), Limited Liability Partnership (LLP) or Similar Entity** – the adjusted gross income is the total income from trade or business activities plus guaranteed payments to the members as reported to the IRS.

**Tax-exempt Organization** – the adjusted gross income is the unrelated business taxable income excluding any income from non-commercial activities as reported to the IRS.

**HOW TO DETERMINE AVERAGE ADJUSTED GROSS INCOME**

The period for calculation of the average AGI will be of the three taxable years preceding the most immediately preceding complete taxable year for which benefits are requested. This table shows examples for applicable years to be used in determining average AGI.

IF the crop year is...	THEN... Average AGI will be based on the following years....
2019	2017, 2016, and 2015
2020	2018, 2017, and 2016
2021	2019, 2018, and 2017
2022	2020, 2019, and 2018
2023	2021, 2020, and 2019

**GENERAL INFORMATION ON CONSENT TO DISCLOSURE OF TAX INFORMATION – PART B**

This consent allows IRS's access to, and use of, certain items of return information to perform calculations, using a methodology prescribed by the USDA, that will assist USDA in its verification of a program participant's compliance with the adjusted gross income (AGI) limitations necessary for participation in, and receipt of, commodity, conservation, price support or disaster program benefits. This consent also permits the USDA to receive certain items of return information for its eligibility determination.

This consent authorizes the disclosure of these items of return information for only the time period specified. Each item of information requested on this form is needed for the IRS to (1) locate, and verify, your tax information; (2) perform the requisite Average AGI calculations; and (3) provide the USDA with the legal entity's name and Taxpayer Identification Number (TIN), the type of return from which the specified items were located for use in the calculation, and whether or not the average AGI is above or below eligibility requirements. The IRS will not provide the USDA with any of the items specified on this consent form that it uses to perform the calculations or the average AGI figure.

This form can only be signed by the person authorized under state law to sign this consent for the legal entity identified in Item 2. **An approved Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority when completing this form.**

**INSTRUCTIONS FOR COMPLETION OF CCC-941**

Item No./Field name	Instruction
1. Return Completed Form To	Enter the name and address of the FSA county office or USDA service center where the completed CCC-941 will be submitted.
2. Person or Legal Entity's Name and Address	Enter the person's or legal entity's name and address for commodity, conservation, price support, or disaster program benefits. <b><i>Enter the name and address as it appeared on the IRS tax returns filed for the taxable years specified in Item 4.</i></b>
3. Taxpayer Identification Number	In the format provided, enter the <u>complete</u> taxpayer identification number of the person or legal entity identified in Item 2. <b><i>This will be either a Social Security Number or Taxpayer Identification Number.</i></b>
4. Program Year	Enter the year for which program benefits are being requested. The program year entered determines the 3-year period used for the calculation of the average adjusted gross income (AGI) for payment eligibility and the years for which this consent allows access to tax information.
5. Average Adjusted Gross Income	Select the box next to the response that describes the <b>average adjusted gross income</b> for the applicable 3-year period for the program year entered in Item 4. <b><i>Select only one response.</i></b>
6. Signature	<b>Read the acknowledgments, responsibilities and authorizations, before affixing your signature.</b> <b><u>Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority.</u></b>
7. Title/Relationship	Enter title or relationship to the legal entity identified in Item 2.
8. Date	Enter the signature date in month, day and year. <b><i>This form must be returned to FSA within 90 days of the signature date for the consent to be valid.</i></b>

<b>CCC-942</b> (08-12-20)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	1. PROGRAM YEAR:  2. Return completed form to (Name and address of FSA county office or USDA Service Center):
<b>CERTIFICATION OF INCOME FROM FARMING, RANCHING AND FORESTRY OPERATIONS</b>		

**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 Sec. 5 of the Commodity Credit Corporation Act [15 U.S.C. 714 et seq]. 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 nongovernment 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).

**Public Burden Statement (Paperwork Reduction Act):** Public reporting burden for this collection is estimated to average 15 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection or FSA may not conduct or sponsor a collection of information unless it displays a valid OMB control number. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

3. Name and Address of Individual or Legal Entity (Including Zip Code) (If general partnership or joint venture, complete only for each member)	4. Last (4) Digits - Taxpayer Identification Number (TIN) (Social Security Number for Individual; or Employer Identification Number for Legal Entity)
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## PART A – CERTIFICATION OF FARM INCOME

5. Individuals and Legal Entities exceeding the \$900,000 AGI limitation may otherwise qualify for certain program benefits, when the program authorizes the individual or legal entity to qualify based on following conditions:

- at least 75 percent of the individual's or legal entity's average adjusted gross income (AGI) for the 3 taxable years preceding the most immediately preceding complete taxable year was derived from farming, ranching or forestry operations. For example, if the program year is 2019, then the 3-year period for the calculation will be the taxable years of 2017, 2016 and 2015.
- a certification from a licensed CPA or an attorney is submitted to the FSA/USDA Service Center identified in Item 2, attesting that at least 75 percent of the individual's or legal entity's average AGI for the 3 taxable years preceding the most immediately preceding complete taxable year was derived from farming, ranching, or forestry operations. The CPA or Attorney may meet this requirement by completing Part C below or providing a similar statement that is acceptable to FSA.

## PART B – CERTIFICATION BY INDIVIDUAL OR ENTITY

By signing this form:

- I acknowledge the average AGI for the applicable program year exceeds the \$900,000 statutory AGI limitation for the individual or legal entity identified in Item 3.
- I acknowledge that I have read and reviewed all definitions and requirements on Page 2 of this form;
- I certify that all information contained in a certification from a CPA or attorney is true and correct, and is consistent with the tax returns filed with the IRS for myself or the legal entity that is seeking to qualify for program benefits subject to a certification of farm income;
- I acknowledge that failure to provide the certification referenced in Part A to FSA will result in being ineligible for the applicable program benefit;
- I certify that I am authorized under applicable state law to sign this certification on behalf of the legal entity identified in Item 3 (for legal entity only).

6. Signature (By)	7. Title/Relationship of the Individual if Signing in a Representative Capacity	8. Date (MM-DD-YYYY)
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## PART C – CERTIFICATION BY CERTIFIED PUBLIC ACCOUNTANT / ATTORNEY

By signing this form:

- I acknowledge that I have read and reviewed all definitions and requirements on Page 2 of this form;
- I certify the producer identified in Items 3 and 4 has met the minimum requirements specified in Part A for the program year identified in Item 1.

9. Signature	10. Title (CPA/Attorney)	11. State/License Number	12. Date (MM-DD-YYYY)
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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 [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.

**HOW TO DETERMINE ADJUSTED GROSS INCOME**

**Adjusted Gross Income (AGI)** is the individual's or legal entity's IRS-reported adjusted gross income or equivalent (see below) consisting of both farm and nonfarm income.

**Individual** – Internal Revenue Service (IRS) Form 1040 filers, specific lines on that form represent the adjusted gross income

**Trust or Estate** – the adjusted gross income equivalent is the total income and charitable contributions reported to IRS

**Corporation** – the adjusted gross income equivalent is the total of the final taxable income and any charitable contributions reported to IRS

**Limited Partnership (LP), Limited Liability Company (LLC), Limited Liability Partnership (LLP) or Similar Entity** – the adjusted gross income is the total income from trade or business activities plus guaranteed payments to the members as reported to the IRS

**Tax-exempt Organization** – the adjusted gross income is the unrelated business taxable income excluding any income from non-commercial activities as reported to the IRS.

**HOW TO DETERMINE INCOME FROM FARMING, RANCHING, AND FORESTRY OPERATIONS****Income received or obtained from the following sources:**

<i>Production of crops, specialty crops, and raw forestry products.</i>	<i>Feeding, rearing, or finishing of livestock.</i>
<i>Production of livestock, aquaculture products used for food; honeybees; and products produced by or derived from livestock.</i>	<i>Payments of benefits, including benefits from risk management practices, crop insurance indemnities, and catastrophic risk protection plans.</i>
<i>Production of farm-based renewable energy.</i>	<i>Sale of land that has been used for agricultural purposes.</i>
<i>Sale, including easements and development rights, of farm, ranch, and forestry land, water or hunting rights, or environmental benefits.</i>	<i>Payments and benefits authorized under any program made available and applicable to payment eligibility and payment limitation rules.</i>
<i>Rental or lease of land or equipment used for farming, ranching, or forestry operations, including water or hunting rights.</i>	<i>Any other activity related to farming, ranching, and forestry, as determined by the Deputy Administrator of FSA.</i>
<i>Processing, packing, storing, and transportation of farm, ranch, forestry commodities including renewable energy.</i>	<i>Any income reported on Schedule F or other schedule used by the person or legal entity to report income from such operations to the IRS.</i>
<i>Beginning in program year 2020, wages or dividends received from a "closely held" corporation, an IC-DISC or a legal entity comprised entirely of family members may be considered farm income when the legal entity is "materially participating" in farming, ranching or forestry activities.. "Materially participating" means more than 50 percent of the legal entity's gross receipts for each tax year are derived from farming, ranching or forestry sources. A representative of the legal entity must attach a certification to form CCC-942 attesting that the legal entity "materially participates" in a farm, ranch or forestry activity.</i>	

**HOW TO DETERMINE PERCENTAGE OF AVERAGE AGI FROM FARMING, RANCHING, AND FORESTRY OPERATIONS**

- 1) Determine the total AGI and the total income from farming, ranching, and forestry for each of the 3 taxable years preceding the most immediately preceding complete taxable year for which benefits are requested.
- 2) Total the AGI (both farm and nonfarm income) from all 3 years.
- 3) Total the income from farming, ranching and forestry from all 3 years.
- 4) Calculate the percentage of average AGI income by dividing the result of step 3 by the result of Step 2. The percentage calculated must be equal to; or greater than 75 percent to qualify for program benefits.

This form can only be signed by the individual authorized under state law to sign as a representative of the legal entity identified in Item 3.

**INSTRUCTIONS FOR COMPLETION OF CCC-942**

Item No./Field name	Instruction(s)
<b>1. Program Year</b>	Enter the year for which program benefits are being requested. The program year entered determines the 3-year period used for the calculation of the average adjusted gross income (AGI) for payment eligibility.
<b>2. Return Completed Form To</b>	Enter the name and address of the FSA county office or USDA service center where the completed CCC- 942 will be submitted.
<b>3. Individual or Legal Entity's Name and Address</b>	Enter the individual's or legal entity's name and address.
<b>4. Taxpayer Identification Number</b>	Enter the <u>Last 4 Digits of the</u> taxpayer identification number for the individual or legal entity identified in Item 3.
<b>5. Signature</b>	Read the acknowledgments, responsibilities and authorizations, <i>before</i> signing. (INDIVIDUAL OR ENTITY)
<b>6. Title/Relationship</b>	Enter title or relationship to the legal entity identified in Item3.
<b>7. Date</b>	Enter the signature date in month, day and year.
<b>8. Signature</b>	Read the acknowledgments, responsibilities and authorizations, <i>before</i> signing. (CPA or Attorney Only).
<b>9. Title</b>	Identify Certified Public Accountant (CPA) or Attorney as applicable.
<b>10. State/License Number</b>	Enter applicable State the CPA or attorney is licensed to practice in, followed by the associated individual license number.
<b>11. Date</b>	Enter the signature date in month, day and year.

This form is available electronically.

**CCC-9021**  
 (09-21-20)

**U.S. DEPARTMENT OF AGRICULTURE**  
 Commodity Credit Corporation

## FARM OPERATING PLAN FOR AN INDIVIDUAL

For "actively engaged in farming" and other payment eligibility and limitation determinations.

1. County

3. Program Year

2. State

This form is to be completed by, or on behalf of, an individual who is seeking benefits from the Farm Service Agency (FSA) as an **individual** (and not as part of an entity) under one or more programs that are subject to the regulations at 7 CFR Part 1400. This form collects farming and other information about the individual who receives program benefits **directly** using the social security number identified in Part A. This form also collects information about entities engaged in farming in which the individual has an interest. Such entities must complete a CCC-902E if they are requesting program benefits. Payment eligibility for the individual is based upon the contribution level of certain inputs to a farming operation such as land, capital, equipment, labor, and management by the individual identified in Part A. The information on this form will be used by FSA to determine payment eligibility and limitation of payments by direct attribution.

### PART A – BASIC INFORMATION

1. Individual's Name and Address (Include Zip Code)

2. Social Security Number (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)

### PART B - ADDITIONAL INFORMATION

1. Is this individual a U.S. citizen?

- ☐ YES. Go to Item 4A  
☐ NO. Go to Item 2

2. Is this individual an alien lawfully admitted into the U.S.?

- ☐ YES, must present a Resident Alien Card (I-551).  
☐ NO

3. FOR COUNTY FSA USE ONLY (Was a Resident Alien Card, I-551 shown?)

- ☐ YES ☐ NO

4A. Is this individual under 18 years of age as of June 1 of the program year that is specified in Item 3?

- ☐ NO. Go to Part C ☐ YES, continue with Item 4B

4B. Enter Date of Birth (MM-DD-YYYY)

5. Enter the name, address, and social security number of parent or guardian:

A.  
Parent's or Guardian's Name

B.  
Parent's or Guardian's Address

C.  
Social Security Number of Parent or Guardian  
 (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)

D. Does this individual maintain a separate household from parent or guardian?

- ☐ YES ☐ NO

6. List the direct and indirect interests in all farming operations of this individual's parents or guardians:

A.  
Parent's or Guardian's Name

B.  
Name of Farming Interest

C.  
Tax ID Number of Farming Interest  
 (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)

D.  
County and State Where Farming Interest is Located

MINORS

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.

**INSTRUCTIONS FOR PARTS C THROUGH H.** Only include information for the individual identified in Part A. Do not include information for any farming interests listed in Part B, Item 7.

PART C - LAND

1. **Land:** Enter the following information for ALL land farmed by the individual identified in Part A and not as part of an entity.  
*If land is cash leased from an individual or entity with an interest in the crop or crop proceeds, include the rental rate in \$/acre Column F; otherwise enter "cash."*

A. Farm No.	B. Location (County and State)	C. Check As Applicable			D. Name of Individual or Entity Whom Land is Leased to and/or From (Includes names of landowners and landlords)	E. Acres Owned or Leased	F. Rental Rate \$ per Acre or % of Crop Share	G. Check here if same land interest was held last year
		Owned	Leased To	Leased From				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

For additional space for land, complete CCC-902 Continuation and attach to this form. Check here ☐ if attached.

PART D – CAPITAL SOURCES and USES

1. Indicate the source of all farming capital for the individual identified in Part A for the farms listed in Part C. *(Check all that apply.)*

☐ Non-borrowed capital
 ☐ Private loans/credit
 ☐ FSA program payments
 ☐ Commercial loans/credit
 ☐ Other: \_\_\_\_\_

2. Will contributions of capital, farming equipment or land be acquired as a result of a loan or credit arrangement?

☐ YES go to Item 3
 ☐ NO go to Part E

3. Will such loan or credit be acquired from, guaranteed by, co-signed by, or secured by another individual or entity that has an interest in the farming operation identified in Part A? *(Such interest may be as a landowner or another tenant.)*

☐ YES. Complete Items 3A through 3E
 ☐ NO. Go to Part E.

A. Type of Contribution	B. Name of Loan or Credit Source	C. Guarantor's Name	D. Credit Source or Guarantor's Affiliation or Interest in the Farming Operation	E. Percent of Total Capital
				%
				%

PART E - EQUIPMENT *(All percentages are based on annual rental values.)*

1. **Owned Equipment:** Enter the percent of ALL equipment owned by the individual identified in Part A that will be used on the farms listed in Part C? If the individual specified in Part A does not own any of the equipment used in the farming operation, enter 0%. \_\_\_\_\_%

2. **Leased Equipment:** Enter the following information for ALL leased equipment to be used by the individual identified in Part A on the farms listed in Part C. If leased equipment is not used in this farming operation, enter 0%.

A. Percent of Total Equipment Used by the Individual	B. Name of Party/Entity Equipment is Leased From	C. Type of Equipment Leased	D. Does the Party/Entity the equipment is leased from have an interest in this farming operation?
%			<input type="checkbox"/> YES <input type="checkbox"/> NO
%			<input type="checkbox"/> YES <input type="checkbox"/> NO
%			<input type="checkbox"/> YES <input type="checkbox"/> NO

3. **Lease agreements:** If Item 2D is "YES," copies of lease agreement and documentation may be required for compliance purposes. GO TO Part F.



**PART F - CUSTOM SERVICES**

1. Will custom services be utilized by the individual identified in Part A on the farms listed in Part C?

☐ NO. Go to Part G
 ☐ YES, complete Items 1A through 1D of this Part.

A. Type of Services	B. Farm Number(s)	C. Number of Acres	D. Name of Provider

**PART G – LABOR**

For the farms listed in Part C, enter the information for contributions of active personal labor which will be provided by the individual identified in Part A, hired laborers; or by others:

Type	Amount
1. <b>Active personal labor.</b> Enter the percentage or hours to be provided by the individual identified in Part A. If the individual identified in Part A performs 1,000 or more hours of labor for this farming operation, enter "1,000" hours.	% hrs
2. <b>Hired labor.</b> Enter the percentage or hours of labor that will be hired.	% hrs
A. Will any of the hired labor originate from the same source as leased equipment shown in Part E? <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES", acceptable documentation to prove such relationship may be required for compliance purposes.	
B. Will any of the hired labor be included in the custom farming services shown in Part F? <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES", acceptable documentation to prove such relationship may be required for compliance purposes.	
3. <b>Other labor.</b> Enter the percentage of labor to be donated by family members or others. (No payment will be owed).	%

**PART H – MANAGEMENT (The total percentage shown in Items 1 through 3 must equal 100%)**

For the farms listed in Part C, enter the estimated percent of the individual's total management responsibility and the type of managerial duties required which will be provided by the individual identified in Part A, by hired persons or entities, or by others who are not hired.

1. **Active personal management:**

- A. Enter the estimated percent of the active personal management to be provided by the individual identified in Part A: \_\_\_\_\_ %
- B. List the type of managerial duties/activities to be personally performed by the individual identified in Part A:

2. **Hired management:**

- A. Enter the estimated percent of hired management: \_\_\_\_\_ %
- B. Describe any paid management services provided by someone other than the individual identified in Part A:

3. **Other management:**

- A. Enter the estimated percent of other management: \_\_\_\_\_ %
- B. Describe any non-compensated management duties/activities provided by someone other than the individual identified in Part A:

**PART I – CERTIFICATION**

*I certify that all the information entered on this document and any supporting documentation is true and correct. I understand furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operation. By signing this form, I acknowledge that:*

- all supporting documentation has been submitted as required.*
- I have read and understand all definitions and requirements on Page 4.*
- all information contained on this form will be considered in effect continuously unless changes or revisions are submitted.*
- it is my responsibility to timely notify FSA in writing of any changes in the farming, ranching or forestry operation, or financial status that may affect these representations.*
- evidence such as tax records, certified public accountant's certification, or other documentation may be required to validate these representations and that I will take all necessary actions to provide such materials to FSA if requested.*

1. Signature (By)	2. Title/Relationship of the Individual Signing in Representative Capacity	3. Date (MM-DD-YYYY)
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## DEFINITIONS

The following definitions apply to Form CCC-902I.

1. **ACTIVELY ENGAGED IN FARMING** – means providing both: 1) significant contributions of capital, equipment, or land, or combination thereof to the farming operation; and 2) significant contributions of active personal labor or active personal management, or a combination thereof, to the farming operation as described. Further, for a person or legal entity to be considered actively engaged in farming for program payment purposes, the contributions of the person or legal entity must be at-risk and commensurate with the person's or legal entity's claimed share of the profit and loss of the farming operation. Failure to meet these requirements will result in the determination of ineligibility for payments under programs specified in 7 CFR Part 1400.
2. **INTEREST IN A FARMING OPERATION** – a person or legal entity is considered to have an interest in a particular farming operation if the person or legal entity owns or rents land to or from that farming operation; has an interest in the agricultural commodities produced on the operation; or is a member of a joint operation that either owns or rents land to or from the farming operation, or has an interest in the agricultural commodities produced on that operation.
3. **JOINT OPERATION** - is a general partnership, joint venture, or similar organization.
4. **PERSON** – is a natural person (an individual) and does not include a legal entity.
5. **ACTIVE PERSONAL LABOR** – a person is considered to be providing active personal labor with respect to a farming operation if that person is directly and personally providing physical activities necessary to conduct the farming operation, including land preparation, planting, cultivating, harvesting, and marketing of agricultural commodities. Other qualifying physical activities include establishing and maintaining conserving covers and those physical activities necessary for livestock production for the farming operation.
6. **ACTIVE PERSONAL MANAGEMENT** – a person is considered to be providing active personal management with respect to a farming operation if that person is directly and personally providing the general supervision and direction of activities and labor involved in the farming operation; or providing services (whether performed on-site or off-site) reasonably related and necessary to the farming operation. The management activities must be critical to the profitability of the farming operation and performed under one or more of the following categories: 1) Capital which includes arranging financing and managing capital; acquiring equipment; acquiring land and negotiating leases; managing insurance and participating in USDA programs; 2) Labor which includes hiring and managing of hired labor; 3) Agronomics and marketing which includes selecting crops and making planting decisions; acquiring and purchasing of crop inputs; managing crops and making harvesting decisions; pricing and marketing of crop production.
7. **CAPITAL** – with respect to a farming operation is the funding provided by a person or legal entity to the farming operation in order for such operation to conduct farming activities. To be considered a countable contribution for a person or legal entity, the capital must have been derived from a fund or account separate and distinct from that of any other person or entity involved in such operation. Countable capital does not include the value of any labor or management which is contributed to the farming operation. A capital contribution may be a direct non-borrowed (out-of-pocket) input of a specified sum or an amount borrowed by the person or entity. Capital does not include advance program payments.
8. **CONTRIBUTION** – with respect to a farming operation is the provision of land, capital or equipment assets, and providing active personal labor, or active personal management to the farming operation in exchange for, or the expectation of, deriving benefits based solely on the success of the farming operation.
9. **CUSTOM SERVICES** – with respect to a farming operation is the hiring of a contractor or vendor that is in the business of providing such specialized services to perform services for the farming operation in exchange for the payment of a fee for such services performed.
10. **ENTITY** - is a corporation, joint stock company, limited liability company, association, limited partnership, limited liability partnership, irrevocable trust, revocable trust, estate, charitable organization, or other similar organization including any such organization participating in the farming operation as a partner in a general partnership, participant in a joint venture, a grantor of a revocable trust, or as a participant in a similar organization.
11. **EQUIPMENT** – with respect to a farming operation is the machinery and implements needed to conduct activities of the farming operation including machinery and implements used for land preparation, planting, cultivating, harvesting or marketing crops. Equipment also includes machinery and implements needed to establish and maintain conserving covers.
12. **FAMILY MEMBER** – a person is considered to be a family member of another person in the farming operation if that person is related to the other person as a lineal ancestor, lineal descendant, sibling, 1st cousin, niece, nephew, spouse, or otherwise by marriage. This relationship includes great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grandchild, great grandchild, sibling, 1st cousin, niece, nephew, aunt, uncle or spouse of family member in the farming operation.
13. **FARMING OPERATION** - is a business enterprise engaged in the production of agricultural products which is operated by a person or a formal or informal entity which is eligible to receive payments, directly or indirectly.
14. **LAND** – with a respect to a contribution to a farming operation is farmland consisting of cropland, pastureland, wetland, or rangeland which meets the specific requirements of the applicable program for which payments or benefits are sought.
15. **SUPPORTING DOCUMENTATION** – is any information that supports the relevant representations made such as, but not limited to: articles of incorporation; corporate meeting minutes; stock certificates; organizational papers; trust agreement; last will or testament or a deceased individual; affidavit of heirship approved by Office of General Counsel; partnership agreement; property lease agreement; purchase agreement; land deed; lending security agreement; and financial statement.
16. All other terms utilized in this form shall be defined pursuant to 7 CFR Part 1400.

**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 1400, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (Pub. L. 113-79), and the Agriculture Improvement Act of 2018 (Pub. L. 115-334). The information will be used to identify the farm operating plan data needed to determine an individual's 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.

**Paperwork Reduction Act (PRA) Statement:** This information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B).

**Public Burden Statement:** For CFAP 2.0 only, public reporting burden for this collection is estimated to average 5 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection, or USDA may not conduct or sponsor a collection of information unless it displays a valid OMB control number. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

<b>CCC-902E</b> (04-16-19)  <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation  <b>FARM OPERATING PLAN FOR AN ENTITY</b>	<b>1. County</b>  <b>2. State</b>	<b>3. Program Year</b>  2020
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For "actively engaged in farming" and other payment eligibility/limitation determinations.

*This form is to be completed for an entity, including a joint operation, that is seeking benefits from the Farm Service Agency (FSA) under one or more programs that are subject to the regulations at 7 CFR Part 1400. This form collects farming and other information about the entity that receives program benefits **directly** using the tax identification number listed in Part A. This form also collects information about the members of such entity. An individual who receives program benefits directly as an individual must complete a CCC-902I with respect to that individual's operation. Payment eligibility is based upon the contribution of certain inputs to a farming operation such as land, capital, equipment, labor, and management by the entity listed in Part A. The information on this form will be used by FSA to determine payment eligibility and limitation of payments by direct attribution.*

### PART A - ENTITY INFORMATION

<b>1. Farming Entity's Name and Address (Include Zip Code)</b>	<b>2. Tax Identification Number (If the taxpayer identification Number is already on file with FSA, only the last 4 digits are required)</b>  <b>3. Date of Formation (MM-DD-YYYY)</b>
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### PART B - TYPE OF OPERATION (Select only one)

**1. Select appropriate type of operation that defines the entity identified in Part A:**

- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> General Partnership     | <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Estate                             | <input type="checkbox"/> Indian Tribe |
| <input type="checkbox"/> Joint Venture           | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Charitable/Tax-exempt Organization |                                       |
| <input type="checkbox"/> Sole Proprietorship/DBA | <input type="checkbox"/> Revocable/Living Trust    | <input type="checkbox"/> Public School                      | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Irrevocable Trust         | <input type="checkbox"/> City, County or State-owned Entity |                                       |

2. Supporting documentation, such as articles of incorporation, revocable trust documents, partnership agreements, evidence of heirship, and operational authorities of all share-holders, members and partners, may be required to be submitted upon request to verify the legal status of the entity and the authority of its shareholders, members or partners to the satisfaction of CCC. Irrevocable trust documents are required to be provided to verify that the corpus of the trust does not provide for modification of interest by the grantor, or provide for transfer to the remainder beneficiary in less than 20 years from the date the trust is established.

### PART C - MEMBER INFORMATION (Use CCC-902E Continuation if additional space is needed for any information in Part C)

**1. Members - List all members/shareholders/beneficiaries/heirs/partners of the entity identified in Part A of this form:**

A. Name	B. Tax ID Number (Last 4 digits if already on file)	C. % Share	D. Position and Salary (If applicable)	E. Family Member Relationship* (If applicable)	F. Does this member have signature authority for the legal entity? (Yes or No)
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO

\* **Family member means** great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grandchild, great grandchild, sibling, 1<sup>st</sup> cousin, niece, nephew, aunt, uncle of family member in the farming operation, spouse of family member in the farming operation.

2. If the entity in Part A is an Estate or Trust, or if any member/shareholder is listed in Item 1 is an Estate or Trust, list the Executor, Administrator, or Grantor:

A. Name of Estate or Trust	B. Name of Executor/Administrator/Grantor
----------------------------	---

3. Embedded Entities – If any member/shareholder of the entity identified in Part A is an entity, a **CCC-901, Member's Information**, must also be completed and submitted concurrent with this CCC-902E. Additionally, a CCC-902E must be completed and submitted for each embedded entity.

- ☐ Check if CCC-901 is attached.
 ☐ Check if CCC-902E is attached for an embedded entity.

**4. Minor Members or Shareholders** – For any Member or Shareholder who is a minor, provide the following: ☐ N/A

A. Minor's Name	B. Date of Birth	C. Parent's or Guardian's Name	D. Parent's or Guardian's Address	E. Parent or Guardian's SSN or Tax ID Number (Last 4 digits if already on file)

**F. Separate Status of Minors :**

- (1) Is any minor a producer on a farm in which the parent or guardian has no interest? ☐ YES ☐ NO
- (2) Does any minor maintain a separate household from the parent or guardian and personally carry out farming Activities with respect to the minor's farming operation, including maintaining separate accounting? ☐ YES ☐ NO
- (3) Does any minor who is represented by a court-appointed guardian or conservator responsible for the minor a) live in a household other than the parents' household(s), and b) have a vested ownership in the farm? ☐ YES ☐ NO
- (4) If any minor with an interest in this farming operation can answer "YES" to Items F(1) through F(3), list that minor's name:

**5A. Citizenship Status** - Is each Member and Shareholder of the entity or joint operation identified in Part A, and any embedded entity identified in Part C a U.S. Citizen?

- ☐ YES, all members/shareholders are US Citizens - Go to Part D
- ☐ NO, one or more members/shareholders is not a US Citizen - Complete Item 5B

**5B.** For each member or shareholder (direct or embedded) who is not a US Citizen, provide the following:

(1) Name of Individual	(2) This individual has a valid Form I-551	FOR FSA USE ONLY	
		Form I-551 Presented to FSA	CCC Initials
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**PART D - SUMMARY OF CONTRIBUTIONS TO THE FARMING OPERATION****1. For the farming operation of the entity identified in Part A, what percentages of the overall inputs will be contributed directly by the Entity?**

Enter the following information for contributions to be made by the entity identified in Part A. These percentages should reflect the capital provided directly by the legal entity; land and equipment owned and/or cash leased by the legal entity and used in the farming operation; labor hired by the legal entity; and management hired by the legal entity. (Provide detailed information about these contributions in Items A through E.)

A. Capital	B. Land	C. Equipment	D. Hired Labor	E. Hired Management
%	%	%	%	%

**2. For the farming operation of the entity identified in Part A, what percentages of the following farm inputs will be contributed by the Members listed in PART C?** Enter the following information for the contributions to be made by the members. These percentages should reflect any capital originating from members' funds rather than from the entity; land and equipment owned or obtained by the member(s) and contributed to this farming operation without compensation to the member(s); labor and management hired by the members for the entity; and labor and management performed personally by the member(s) for the benefit of the farming operation identified in Part A. (Provide information about these contributions in Items B through H).

A. Member's Name	B. Capital (Current Year) %	C. Land %	D. % of Owned Land	E. Equipment %	F. % of Owned Equipment	G. Labor (%)			H. Management (%)	
						Hired	Active Personal	Check if 1000 Hours	Hired	Active Personal
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		

For additional space, use and attach CCC-902E Continuation

**PART E - LAND**

1. **Land:** Enter the following information for ALL land in the farming operation of the entity identified in Part A. ***If land is cash leased from an individual or entity that has an interest in the crop or crop proceeds, include the rental rate in \$/acre in Column F; otherwise enter "cash."***  
(For additional space, complete CCC-902 Continuation and attach to this form)

A. Farm No. and Location (County and State)	B. Land Leased or Contributed By	C. Check as applicable			D. Name of Person or Entity Whom Land is Leased to and/or from (Includes names of landowners and landlords)	E. Acres Owned or Leased	F. Rental Rate \$ per Acre/ % or Crop Share	G. Check here if same land interest was held last year
		Owned	Leased To	Leased From				
Farm No.:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Location:								
Farm No.:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Location:								
Farm No.:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Location:								
Farm No.:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Location:								
Farm No.:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Location:								

**PART F - CAPITAL SOURCES and USES**

1. Indicate the source(s) of all farming capital for the entity identified in Part A? (Check ALL that apply.)

☐ Non-borrowed capital   
 ☐ Private loans/credit   
 ☐ FSA program payments from this crop year  
☐ Commercial loans/credit   
 ☐ Other: \_\_\_\_\_

2. Will contributions of capital, farming equipment or land be acquired as a result of a loan or credit arrangement?

☐ YES go to Item 3   
 ☐ NO go to Part G

3. Will such loan or credit be acquired from, guaranteed by, co-signed by, or secured by an individual, joint operation or entity that has an interest in the farming operation identified in Part A (Such interest may be as a landowner or other tenant)?

☐ YES. Complete Items 3(A) through 3(E)   
 ☐ NO. Go to Part G

A Type of Contribution	B Name of Loan or Credit Source	C Guarantor's Name	D Credit Source or Guarantor's Affiliation or Interest in the Farming Operation	E Percent of Total Capital
				%
				%
				%

For additional space, use and attach CCC-902E Continuation

**PART G - EQUIPMENT (All percentages are based on annual rental values.)**

1. **Owned Equipment:** Enter the percent of ALL equipment owned by the farming operation of the entity identified in Part A that will be used on the farms identified in Part C by the entity: \_\_\_\_\_ %

2. **Leased Equipment:** Enter the following information for ALL leased equipment to be used in the farming operation of the entity identified in Part A. If leased equipment is not used in this farm operation, enter 0%.

A. Percent of Total Equipment Used in the Farming Operation	B. Name of Individual/Entity Equipment is Leased From	C. Type of Equipment Leased	D. Does the Individual/Entity the equipment is leased from have an interest in this farming operation?
%			<input type="checkbox"/> YES <input type="checkbox"/> NO
%			<input type="checkbox"/> YES <input type="checkbox"/> NO
%			<input type="checkbox"/> YES <input type="checkbox"/> NO

3. **Lease Agreements:** If Item 2D is "YES," copies of lease agreement and documentation may be required for compliance purposes. GO TO Part H.

For additional space, use and attach CCC-902E Continuation

**PART H - CUSTOM SERVICES**

1. Will custom services be utilized by the entity identified in Part A on the farms listed in Part E?

☐ **NO.** GO TO PART I
 ☐ **YES.** Complete Items 1A through 1D.

A. Type of Services	B. Farm Number(s)	C. Number of Acres	D. Name of Provider

For additional space, use and attach CCC-902E Continuation

**PART I - LABOR NOT PROVIDED BY MEMBERS/SHAREHOLDERS IDENTIFIED IN PART C**

For the farms listed in Part E, enter the information for contributions of labor to the farming operation that will not be provided by the members or shareholders listed in Part C:

Type	Amount
1. <b>Other labor:</b> Enter the percentage or the number of hours to be donated by family members or others for which no payment will be issued or owed.	%
	hrs

2. **Hired labor:**

A. Will any of the hired labor for the farming operation identified in Part A originate from the same source as the leased equipment in Part G?

☐ NO
 ☐ YES If "YES", acceptable documentation to prove such relationship may be required for compliance purposes.
 

B. Will any of the hired labor for the farming operation identified in Part A be included in the custom services shown in Part H?

☐ NO
 ☐ YES If "YES", acceptable documentation to prove such relationship may be required for compliance purposes.
 **PART J - MANAGEMENT**

Enter all managerial duties and/or activities required for the farming operation identified in Part A which will be provided personally by member(s) or shareholder(s) of the entity or joint operation; or by hired management.

1. **Active personal management:**List each member or shareholder in column A; the specific managerial duties/activities that will be performed personally by each member or shareholder in column B. **For nonfamily member operations only**, complete items in column C to include the amount of time expended annually, either in hours or as a percentage of the total management hours required for the farming operation.

A. Member/Shareholder	B. Duties/Activities	C. Time expended annually (For nonfamily member operations only)	
		hrs	%
		hrs	%
		hrs	%
		hrs	%
		hrs	%
		hrs	%

For additional space, use and attach CCC-902E Continuation

2. **Hired management:**

Describe any hired management duties/activities that will be provided by someone other than a member or shareholder (Include management by an administrator or trustee who receives compensation for this service or activity):

3. **Other management:**

Describe any non-compensated management that will be provided by someone other than a member or shareholder (include management by an administrator or trustee who does not receive compensation for this activity):

**PART K - REMARKS**

Check all of the following that apply:

☐ CCC-902 Continuation attached for additional information for Part E - Land

☐ CCC-902E Continuation attached for additional information for the following Parts:

- ☐ Part C – Member information  
☐ Part D – Summary of Contributions  
☐ Part F – Capital  
☐ Part G – Equipment  
☐ Part H – Custom Services

**PART L - CERTIFICATION - (FOR JOINT VENTURES AND GENERAL PARTNERSHIPS, A SIGNATURE IS REQUIRED FOR EACH MEMBER)**

*I certify that all the information entered on this document and any supporting documentation is true and correct. I understand that furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operation. By signing this form, I acknowledge that:*

- all supporting documentation has been submitted as required
- I have reviewed and understand all definitions and requirements on Page 6 of this form.
- all information will be considered in effect continuously unless changes or revisions are submitted.
- it is my responsibility to timely notify FSA in writing of any changes that may affect these representations, including, but not limited to: the composition of the entity identified in Part A; the farming, ranching or forestry operation of the entity identified in Part A; financial status of the entity identified in Part A.
- evidence such as tax records, certified public accountant's certification, or other documentation may be required to validate these representations and I will take all necessary actions to provide such materials to the applicable State or county committee if requested by FSA.
- it is my responsibility to timely notify FSA in writing of any successors who acquire an interest in this farming operation as the result of the death of a member or shareholder.

1. Signature (By)	2. Title/Relationship of Individual Signing in the Representative Capacity	3. Date (MM-DD-YYYY)

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**Paperwork Reduction Act (PRA) Statement** This information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B). 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.**

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.

## DEFINITIONS

The following definitions apply to Form CCC-902E.

1. **ACTIVELY ENGAGED IN FARMING** – means providing both: 1) significant contributions of capital, equipment, or land, or combination thereof to the farming operation; and 2) significant contributions of active personal labor or active personal management, or a combination thereof, to the farming operation as described. Further, for a person or legal entity to be considered actively engaged in farming for program payment purposes, the contributions of the person or legal entity must be at-risk and commensurate with the person's or legal entity's claimed share of the profit and loss of the farming operation. Failure to meet these requirements will result in the determination of ineligibility for payments under programs specified in 7 CFR Part 1400.
2. **INTEREST IN A FARMING OPERATION** – a person or legal entity is considered to have an interest in a particular farming operation if the person or legal entity owns or rents land to or from that farming operation; has an interest in the agricultural commodities produced on the operation; or is a member of a joint operation that either owns or rents land to or from the farming operation, or has an interest in the agricultural commodities produced on that operation.
3. **JOINT OPERATION** - is a general partnership, joint venture, or similar organization.
4. **PERSON** – is a natural person (an individual) and does not include a legal entity.
5. **ACTIVE PERSONAL LABOR** – a person is considered to be providing active personal labor with respect to a farming operation if that person is directly and personally providing physical activities necessary to conduct the farming operation, including land preparation, planting, cultivating, harvesting, and marketing of agricultural commodities in the farming operation. Other qualifying physical activities include establishing and maintaining conserving covers and those physical activities necessary for livestock production for the farming operation.
6. **ACTIVE PERSONAL MANAGEMENT** – a person is considered to be providing active personal management with respect to a farming operation if that person is directly and personally providing the general supervision and direction of activities and labor involved in the farming operation; or providing services (whether performed on-site or off-site) reasonably related and necessary to the farming operation. The management activities must be critical to the profitability of the farming operation and performed under one or more of the following categories: 1) Capital which includes arranging financing and managing capital; acquiring equipment; acquiring land and negotiating leases; managing insurance and participating in USDA programs; 2) Labor which includes hiring and managing of hired labor; 3) Agronomics and marketing which includes selecting crops and making planting decisions; acquiring and purchasing of crop inputs; managing crops and making harvesting decisions; pricing and marketing of crop production.
7. **CAPITAL** – with respect to a farming operation is the funding provided by a person or legal entity to the farming operation in order for such operation to conduct farming activities. To be considered a countable contribution for a person or legal entity, the capital must have been derived from a fund or account separate and distinct from that of any other person or entity involved in such operation. Countable capital does not include the value of any labor or management which is contributed to the farming operation. A capital contribution may be a direct out-of-pocket input of a specified sum or an amount borrowed by the person or entity. Capital does not include advance program payments.
8. **CONTRIBUTION** – with respect to a farming operation is the provision of land, capital or equipment assets, and providing active personal labor, or active personal management to the farming operation in exchange for, or the expectation of, deriving benefits based solely on the success of the farming operation.
9. **CUSTOM SERVICES** – with respect to a farming operation is the hiring of a contractor or vendor that is in the business of providing such specialized services to perform services for the farming operation in exchange for the payment of a fee for such services performed.
10. **ENTITY** - is a corporation, joint stock company, limited liability company, association, limited partnership, limited liability partnership, irrevocable trust, revocable trust, estate, charitable organization, or other similar organization including any such organization participating in the farming operation as a partner in a general partnership, participant in a joint venture, a grantor of a revocable trust, or as a participant in a similar organization.
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12. **FAMILY MEMBER** – a person is considered to be a family member of another person in the farming operation if that person is related to the other person as a lineal ancestor, lineal descendant, sibling, 1st cousin, niece, nephew, spouse, or otherwise by marriage. This relationship includes great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grandchild, great grandchild, sibling, 1st cousin, niece, nephew, aunt, uncle or spouse of family member in the farming operation.
13. **FARMING OPERATION** - is a business enterprise engaged in the production of agricultural products which is operated by a person or formal or informal entity which is eligible to receive payments, directly or indirectly.
14. **LAND** – with a respect to a contribution to a farming operation is agricultural land consisting of cropland, pastureland, wetland, or rangeland which meets the specific requirements of the applicable program for which payments or benefits are sought.
15. **SUPPORTING DOCUMENTATION** – is any information that supports the relevant representations made such as, but not limited to: articles of incorporation; corporate meeting minutes; stock certificates; organizational papers; trust agreement; last will or testament of a deceased individual; affidavit of heirship approved by Office of General Counsel; partnership agreement; property lease agreement; purchase agreement; land deed; lending security agreement; and financial statement.
16. All other terms utilized in this form shall be defined pursuant to 7 CFR Part 1400.



This form is available electronically.

CCC-901  
(09-21-20)U.S. DEPARTMENT OF AGRICULTURE  
Commodity Credit Corporation

1. County

2. State

3. Program Year

## MEMBER'S INFORMATION

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**PART A -** For each individual or entity who is a member of this entity, list the member's name, social security/employer identification number, address and percentage share of ownership. If a member has both types of identification numbers, list both.

Name of Legal Entity \_\_\_\_\_ Complete Tax ID Number \_\_\_\_\_ - \_\_\_\_\_

1. Member's Name	2. SSN or Tax ID Number (Last 4 digits if already on file)	3. Address	4. Percent Share	5. Does this member have signature authority for the legal entity? (Yes or No)
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PART B - Embedded Entities:** For any member listed in Part A, who is an entity, list such embedded entity's name and list the requested, information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Part A is an entity, provide the requested information for each entity on supplemental sheets.

Name of Embedded Legal Entity \_\_\_\_\_ Complete Tax ID Number \_\_\_\_\_ - \_\_\_\_\_

1. Member's Name	2. SSN or Tax ID Number (Last 4 digits if already on file)	3. Address	4. Percent Share	5. Does this member have signature authority for the legal entity? (Yes or No)
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO

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.

**PART C - Embedded Entities:** For any member listed in Part B, who is an entity, list such embedded entity's name and list the requested, information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Part B is an entity, provide the requested information for each entity on supplemental sheets.

Name of Embedded Legal Entity		Complete Tax ID Number		
1. Member's Name	2. SSN or Tax ID Number. (Last 4 digits if already on file)	3. Address	4. Percent Share	5. Does this member have signature authority for the legal entity? (Yes or No)
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PART D – Minor Members or Shareholders** - For any member or Shareholder who is a minor, provide the following:

1. Minor's Name	2. Date of Birth (MM-DD-YYYY)	3. Parent's or Guardian's Name	4. Parent's or Guardian's Address	5. Parent's or Guardian's SSN or Tax ID No. (Last 4 digits if already on file)

**6. Separate Status of Minors**

- (a) Is any minor a producer on a farm in which the parent or guardian has no interest? ☐ YES ☐ NO
- (b) Does any minor maintain a separate household from the parent or guardian and personally carry out farming activities with respect to the minor's farming operation, including maintaining separate accounting? ☐ YES ☐ NO
- (c) Does any minor who is represented by a court-appointed guardian or conservator responsible for the minor:  
1) live in a household other than the parents' household(s), and 2) have a vested ownership in the farm? ☐ YES ☐ NO
- (d) If any minor with an interest in this farming operation can answer "YES" to Items 6(a)-6(c), list that minor's name:

**Part E. Foreign Persons** – For any Member or Shareholder who is a foreign person, provide the following: minor, provide the following:

**7A. Citizenship Status** - Is each Member and Shareholder of the legal entity identified in Part A, and any embedded entity identified in Parts C, D and E a U.S. Citizen?

☐ YES, all members/shareholders are US Citizens - Go to Part F ☐ NO, one or more members/shareholders is not a US Citizen - Complete Item 7B

**7B.** For each member or shareholder (direct or embedded) who is not a US Citizen, provide the following:

(1) Name of Individual	(2) This individual has a valid Form I-551	FOR FSA USE ONLY			
		Form I-551 Presented to FSA		CCC Initials	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**PART F- CERTIFICATION - By Signing:**

- I certify that I have signature authority for the entity identified in Part A and all information entered on this document is true and correct
- I understand that furnishing incorrect information will result in forfeiture of payments and benefits.
- I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in the information provided.

1. Representative's Signature (By)	2. Title/Relationship of Individual Signing in the Representative	3. Date (MM-DD-YYYY)

## ACH Vendor/Miscellaneous Payment Enrollment Form

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See Page 2 for additional instructions.

### Privacy Act Statement

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

### Agency Information

FEDERAL PROGRAM AGENCY:

AGENCY IDENTIFIER:

AGENCY LOCATION CODE (ALC):

ACH FORMAT:

☐

CCD+

☐

CTX

ADDRESS:

CONTACT PERSON NAME:

TELEPHONE NUMBER (Include Area Code):

ADDITIONAL INFORMATION:

### Payee / Company Information

NAME:

SSN NO. OR TAXPAYER ID NO.:

ADDRESS:

CONTACT PERSON NAME:

TELEPHONE NUMBER (Include Area code):

### Financial Institution Information

NAME:

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER (Include Area code):

NINE-DIGIT ROUTING TRANSIT NUMBER

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

☐

CHECKING

☐

SAVINGS

☐

LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:  
(Could be the same as ACH Coordinator):

TELEPHONE NUMBER (Include Area code):

## **Instructions for Completing SF 3881 Form**

Make three copies of form after completing. Copy 1 is the Agency Copy; copy 2 is the Payee/Company Copy; and copy 3 is the Financial Institution Copy.

1. Agency Information Section - Federal agency prints or types the name and address of the Federal program agency originating the vendor / miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. Payee / Company Information Section - Payee prints or types the name of the payee / company and address that will receive ACH vendor / miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee / company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. Financial Institution Information Section - Financial institution prints or types the name and address of the payee / company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee / company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

### **BURDEN ESTIMATE STATEMENT**

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.

This form is available electronically.

<b>CCC-916</b> (09-14-20)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	<b>CCC USE ONLY</b>	
<b>2020 SEAFOOD TRADE RELIEF PROGRAM (STRP) APPLICATION</b>		1. Application Number	
<p><b>NOTE:</b> 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 Sec. 5 of the Commodity Credit Corporation Act [15 U.S.C. 714 et seq.]. The information will be used to determine the applicant's eligibility to participate in and receive benefits under the Seafood Trade Relief 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility concerning the processing of the Seafood Trade Relief Program payment request.</p> <p>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 collection is 0560-0296. The time required to complete this information collection is estimated to average 15 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 of information. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. <b>RETURN COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b></p>			
<b>PART A RECORDING COUNTY OFFICE (FOR CCC USE ONLY)</b>			
2A. Recording State & County Office Name	2B. Recording County Office Address	2C. Recording County Office Telephone No. (Include Area Code)	
		2D. Recording County Office Fax No. (Include Area Code)	
<b>PART B APPLICANT INFORMATION</b>			
3A. Name (Person or Legal Entity)	3B. Address	3C. Contact Person's Name	
		3D. Contact Person's Telephone No. (Include Area Code)	
<b>PART C SEAFOOD (COMMERICAL PRODUCTION FROM JANUARY 1, 2019 TO DECEMBER 31, 2019)</b>			<b>COC USE ONLY</b>
4. Seafood Type	5. Unit of Measure	6. Actual Production (Ownership Share)	7. Adjusted Production
	LBS		
	LBS		
	LBS		
<b>PART D APPLICANT CERTIFICATION</b>			
<p>The undersigned certifies that all the information entered on this form, whether personally entered by the undersigned or not, or by someone else, is true and correct. The undersigned certifies and acknowledges that the seafood production on this form is accurately identified by the applicant and represents only the applicant's ownership share of total production for the year shown. The undersigned understands that the information entered on this form is subject to verification by spot-check. Failure to certify any of the information on this form and application accurately may result in a loss of program benefits. Additionally, by signing this form, the undersigned authorizes the purchaser, or any person who otherwise, stores or purchases commodity production listed on this form to disclose the production records of such seafood to USDA representatives for the purpose of verification. The undersigned (1) agrees to comply with all terms and conditions associated with STRP as stated in the notice of funds availability; (2) will maintain and provide verifiable and reliable production evidence upon request; and (3) within 60 days of signing this application agrees to complete and submit forms:</p> <ul style="list-style-type: none"> <li>CCC-902, Farm Operating Plan for Payment Eligibility (<b>NOTE:</b> Only Parts A and B are required)</li> <li>CCC-901, Member's Information, if applicable</li> <li>CCC-941, Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information</li> <li>CCC-942, Certification of Income From Farming, Ranching and Forestry Operations, optional</li> </ul> <p>Failure of an individual, entity, or member of an entity to timely submit all information required may result in no payment or a reduced payment.</p>			
8A. Applicant's Signature (By)	8B. Title/Relationship of Individual Signing in the Representative Capacity		8C. Date (MM-DD-YYYY)
<b>PART E COC DETERMINATION (FOR COC USE ONLY)</b>			
9A. Signature of COC Representative	9B. Title/Position of COC Representative	9C. Date (MM-DD-YYYY)	10. Action
			<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED

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