OMB Control No. 0560-0292

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

U.S. DEPARTMENT OF AGRICULTURE

Commodity Credit Commodity

This form is available electronically.

Commodity Credit Corporation

CCC-910 (09-04-18)

2018 MARKET FACILITATION PROGRAM (MFP) APPLICATION									
PART A – RECORDING COUNTY OFFICE (FOR COC USE ONLY)									
1A. Recording State & County Office Name		1B. Recording County Office Address		1C. Recording County Office Telephone No. (Include Area Code)					
				1D. Recording County Office Fax No. (Include Area Code)					
PART B - PRODUCER CONTACT INFORMATION									
2A. Producer Name		2B. Producer Address		2C. Contact Producer's Name					
				2D. Contact Producer's Telephone No. (Include Area Code)					
PART C - PRODUCTION INFORMATION								COC USE ONLY	
3. Commodity	4. Unit of Measure	5. Actual Production (Producer's Share)	6. Source of Production Evidence	7. Producer's Signature (By)		8. Title/Relationship of Individual Signing in the Representative Capacity	9. Date (MM-DD-YYYY)	10. Adjusted Production	
CORN	bushels								
COTTON	pounds								
SORGHUM	bushels								
SOYBEANS	bushels								
WHEAT	bushels								
DAIRY (MPP historical production)	cwt								
HOGS (August 1, 2018 inventory)	head								
PART D - PRODUCER C	ERTIFICATION	N							
production on this form is accura verification by spot-check. Failun warehouse operator, ginner, or a undersigned (1) agrees to comply upon request.	ntely identified by tre to certify any of any person who oth wwith all terms an	the producer and rep the information on the herwise, stores or pur d conditions associat	resents only the production is form and application chases crop production and with MFP as stated	ered by the undersigned or not, or by someo cer's share of total production for the year s n accurately may result in a loss of progran n listed on this form to disclose the producti in 7 CFR Part 1409 and notice of funds avo	shown. The to m benefits. A ion records ailability; an	undersigned understands that the in additionally, by signing this form, the of such crops to USDA representate and (2) will maintain and provide ve	nformation entered on the undersigned authori vives for the purpose of rifiable and reliable pr	this form is subject to izes the purchaser, verification. The roduction evidence	
11A. Producer's Signature (By)			11B. Title/Relationship of Individual Signing in the Repres			tive Capacity	11C. Date (MM-L	DD-YYYY)	

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PART E – COC DETERMINATION (FOR COC USE ONLY)								
12. Commodity	13A. Signature of COC Representative	13B. Title/Position of COC Representative	13C. Date (MM-DD-YYYY)	14. Action				
CORN				APPROVED DISAPPROVED				
COTTON				APPROVED DISAPPROVED				
SORGHUM				APPROVED DISAPPROVED				
SOYBEANS				APPROVED DISAPPROVED				
WHEAT				APPROVED DISAPPROVED				
DAIRY				APPROVED DISAPPROVED				
HOGS				APPROVED DISAPPROVED				
				APPROVED DISAPPROVED				
				APPROVED DISAPPROVED				
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 producer eligibility to participate in and receive benefits under the Market Facilitation 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 cotton ginning cost-share payment request. 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 0560-0292. The time required to complete this information collection is estimated to average 30 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. RETURN 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 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. USDA is an equal opportunity provider, employer, and lender