









# **Apply Now!**

A Packet of USDA Farm Service Agency (FSA) Eligibility Forms

for Individuals



#### Dear Agricultural Partners and New or Prospective Customers,

Thank you for your interest in working with USDA's Farm Service Agency (FSA). Our agency is honored to partner with farmers and ranchers as they navigate every stage of their operation—from getting started to expanding. FSA offers a full suite of programs to help agricultural producers access capital, protect the land and manage risk. We recognize it can be challenging for new customers to navigate the Agency and to get started so we have developed a packet of information that will help producers get to know FSA and will ensure a more productive customer experience when visiting with local FSA staff. FSA is here to grow with you, and you do not have to navigate the agency alone. Enclosed in this FSA Apply Now Packet is your gateway to USDA Farm Production & Conservation (FPAC) mission area support.

These forms are needed for customers to participate in FSA and Natural Resources and Conservation Service (NRCS) programs. Specific programs will also have a program application and may also have additional program eligibility forms that need to be completed. Instructions for completing these forms are available at: farmers.gov/working-with-us/common-forms. FSA encourages new customers to contact their local USDA Service Center and schedule a one-on-one appointment with our dedicated FSA employees who are ready and willing to assist new customers in the process of getting started with USDA. You can locate your USDA Service Center's address and phone number at farmers.gov/service-center-locator.

We have tools and flexibilities built into many programs to support you as your farming operation changes, and we want to hear from you as these things changes happen so that we can leverage available resources to assist you. We will also work with you to update your customer records. Also, to participate in FSA's County Committee election nomination and voting process—an important and unique producer right and privilege—new FSA customers need to report any changes to their agricultural operation to FSA. It's important to file ongoing notice of loss reports, acreage/crop certifications, and to participate in FSA's County Committee election nomination and voting processes.

Additionally, FSA's Loan Assistance Tool is an online platform that guides interested applicants through the farm loan application process. It helps users check their eligibility, directs them to suitable loan types, provides a documentation checklist, and assists with loan application forms. It was launched by the USDA to expand credit access and provide consistent customer experience for all farm loan applicants.

Our skilled and knowledgeable FSA County Office staff delivers direct, in-person, support to producers in every county in the nation and many U.S, territories. Each

state has a State Outreach Coordinator (fsa.usda.gov/programs-and-services/outreach-and-education/state-outreach-coordinators/index) and Beginning Farmer Coordinator (farmers.gov/your-business/beginning-farmers/coordinators) who can connect you to specific resources available through USDA and our partner organizations. The USDA Farmers website (farmers.gov) compiles all farmer-related content from multiple agencies into a one-stop online resource. Here you will find our latest news and announcements, deadlines, tools, the local service center locator and tips on how to prepare for your first visit to your local service center office.

The Receipt for Service (RFS), as required by federal law and USDA regulations, ensures that all USDA customers are properly served in their local offices. All FSA, NRCS, and Rural Development offices are required to provide documentation to you of any services you request. This includes in-person, telephone, and virtual meeting and appointments as well as requests and documentation received via the US Postal Service or email. If the RFS is not offered at the end of your business transaction, you may request it for your records.

FSA is committed to helping you navigate the <u>many</u> opportunities and federal farm program benefits we provide to farmers, ranchers, and landowners to help you reach your production agriculture goals. On behalf of FSA offices and employees nationwide, we look forward to serving you and supporting American agriculture.

Sincerely,

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Zach Ducheneaux Administrator



#### **Steps to Eligibility:**

- 1. Form AD-2047, Customer Data Worksheet.
  - This form will be filled out for all individuals and legal entities (including entity members) who
    have not previously provided their personal information to USDA that positively identifies the
    applicant.
- 2. Form CCC-860, Socially Disadvantaged, Limited Resource, Beginning and Veteran Farmer or Rancher Certi ication, (if applicable).
  - This form is used to certify that an individual, legal entity, or joint operation is a member of one or more of the specific producer groups listed on the form.
- 3. Establish a Farm Record and Obtain a Farm Number
  - This is required to participate in USDA programs. FSA will need documents to prove your association with the land in your farming operation. There are several ways to prove association with land. For an owner, this may be a property deed. If you do not own the land, you may provide a lease agreement. Additionally, FSA has further methods for operators on heirs' property to prove their association. If your operation is incorporated or an entity, we may need proof of your signature authority and legal ability to sign contracts with USDA.
- 4. Form AD-1026 Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certi ication)
  - Most USDA programs require a producer complete the AD-1026. If the applicant does not have any farming interests, this can be certified in box 5A. If the applicant does have a farming interest, the form must be completed in its entirety and information must be submitted to establish the farm records for which the certification applies.
- 5. Form CCC-941, Average Adjusted Gross Income (AGI)
  - To participate in many programs, you can't have an average adjusted gross income of more than \$900,000. To certify this, you file the Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information (CCC-941) each year.
- 6. Form CCC-9021, Farm Operating Plan for an Individual
  - Your local Farm Service Agency representative assists you in completing a Farm Operating Plan (CCC-902). Every farming operation completes a CCC-902 to provide information regarding the operation's structure and contributions of capital, equipment, land, labor, and management.
- 7. Form SF-3881, Payment Enrollment Form for FSA
  - USDA payments are generally directly deposited with your bank. This form will allow you to set up or change your direct deposit information for USDA payments.
- 8. Form SF-1199A, Payment Enrollment Form for NRCS
  - USDA payments are generally directly deposited with your bank. This form will allow you to set up or change your direct deposit information for USDA payments.

Forms Approved - OMB No. 0560-0265 OMB Expiration Date: 01/31/2027

#### AD-2047

(01-08-24)

#### U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency Rural Development Natural Resources Conservation Service Risk Management Agency Agricultural Marketing Service

#### **CUSTOMER DATA WORKSHEET**

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 1987 (Pub. S. 1974 (5 USC 552a - as animetre). The authority of 1982, and Privacy Act of 1987 (Fub. C. 1974 (5 USC 552a - as animetre). The information will be used to document a request by the producer for updating 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 AMS-3, Perishable Agricultural Commodities Act (PACA), 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

Public Burden Statement (Paperwork Reductio not required to respond to, a collection of informati 0265. The time required to complete this informati searching existing data sources, gathering and ma	on unless it displays a valid OMB on collection is estimated to avera	control number. ge 3 minutes (.0	The valid OMB co 5 hours) per respo	ntrol number for onse, including ti	this information collection is 0560- he time for reviewing instructions,
The provisions of criminal and civil fraud, privacy a OFFICE.	nd other statutes may be applicab	le to the informa	tion provided. RE	TURN THIS CO	MPLETED FORM TO YOUR COUNTY FSA
PART A CUSTOMER INFORMATION	N				
1. Reason for Request (Check appropriate box	(es) below:)				
New Customer Update Existin	ng Customer Record				
2A. Customer's Full Name or Business Name (Including Zip Code)	and Address		mer Business e, Trust, etc.)	s Type <i>(Exan</i>	nple: Individual, Corporation, LLC,
2C. Home Telephone Number (Area Code)	2D. Business Telephon	e Number (A	Area Code)	2E. Mobile	Telephone Number (Area Code)
2F. Email Address		2G. Does	the customer	want to rece	eive sensitive (but non-PII) Producer
		or farn	n specific rela		
				☐ YES	∐ NO
Taxpayer Identification Number (Complete or last 4 digits for existing customer) and etc)		3B. Birthda	ite (Only requ	ired if the cu	stomer is a minor)
3C. Citizenship Status: (For Individuals Only)		3D. Origin	nating Country	(For Foreig	n Entities Only)
☐ HO Besident ☐ Besident N	(1 554 D(n)				
	en (I-551 Required)				
Not a US Citizen or Resident Alien Citizenship country if not US:					
Demographic Information					
Departmental Regulation 4370-001 provides U demographic information is voluntary and at the only and will not be used to determine an appliinformation in items 4A, 4B or 4C if the informal must base responses to the race, ethnicity and	e discretion of the custom cant's eligibility for progra tion has previously been gender on the individual	er. Demograms or service provided to Upersons hold	aphic informa es for which t JSDA. A cus ding at least 5	tion is used hey apply. Y tomer identif 0 percent ov	by USDA for statistical purposes ou may disregard providing fied in Item 2A that is a legal entity whership interest in the legal entity.
4A. Race: (Note: More than 1 may be selected)	4B. Ethnicity:	4	4C. Gender (I	Individual):	4D. Gender (Legal Entity)
American Indian / Alaskan Native	Hispanic or Latino		Male		Not applicable/unknown
Native Hawaiian/Other Pacific Islander	Not Hispanic or La	tino	Female		Organization/Female Owned
Asian	I do not want to pro	ovide	Non-Bin	ary	Organization/Male Owned
White	Ethnicity information	n at this	I do not	want to	Organization/Non-Binary
Black/African American	time.		provide		I do not want to provide
I do not want to provide Race			informat this time		Gender information at
information at this time.	<b>Note</b> : See instructions entities	for legal	ano ame		this time.
Note: See instructions for legal entities	G1111105				
					Date Stamp

	Date :	Stamp		

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5. Customer has interest in one or more of the following	ng agencies. <i>(Check</i>	Appropriate Agency(ies) b	pelow:)	
│	RCS   RM	ıa □ RD		
		t States and/or Counties b	elow:)	] NO
o. Is the customer a Multi-County Floudcer?	☐ TE3 (II TE3, IIS	States and/or Counties b	elow.)	_ NO
7. See form instructions for signature requirements.				
7A. Customer Signature	7B. Title/Relationsh	ip		7C. Date (MM-DD-YYYY)
PART B SERVICE CENTER ACTION				
8A. Agency Who Received Request:	8B. Initials of Emplo	oyee Receiving  fferent than Item 12A)		rice Center Employee
(Check one below)	Request (II DI	nereni inan ilem 12A)	Received	I the Request (MM-DD-YYYY)
FSA NRCS RD				
How the Request for Change was Received:				
Office Visit Telephone FAX	JSPS Box B	One Span Other (S	Specify):	
10. COC LAA:				
11. Remarks, if Applicable:				
12A. Signature of Employee Updating Business Partn	er if not initialed in		ter Employee U <sub>l</sub>	odating Business Partner
Item 8B.		(MM-DD-YYYY)		

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 <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a> 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.

OMB Control Number/Expiration date: 0560-0297 and 09/30/2024 OMB Control Number/Expiration date: 0560-0309 and 12/31/2025 OMB Control Number/Expiration date: 0560-0311 and 12/31/2024

CCC-860	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		County FSA Office Name ar	nd Address
(01-11-23)	Commonly Credit Corporation	(	(Including Zip Code)	
SOCIAL	LV DICADVANTACED LIMITED DECOLIDOR			
	LLY DISADVANTAGED, LIMITED RESOURCE, NING AND VETERAN FARMER OR RANCHER	1B.	Telephone Number	1C. Program Year
BEGIN	CERTIFICATION		(Area Code)	3
2. Applicant's	Name and Address	•	MOTRUG	TIONS
Г	<u> </u>	$\overline{}$	INSTRUC	TIONS:
l		ļ	Complete Parts A, B, C	
			applicable. Read the in false certification in Pa	
			to the address in Item	1 above.
INFORMATIO	N: If a legal entity requests to be considered a "socially o "veteran" farmer or rancher, the entity must meet the			
	rancher includes; "owners", "operators" and "other pi			i uns ioini. Fainlei oi
	RTIFICATION OF SOCIALLY DISADVANTAGED FARMER OF			
	at I am a member of a group <u>listed below</u> , whose members hav ecause of their identity as members of a group without regard			
	ecause of their alentity as members of a group without regard to that if only "women" is checked without selecting the other			
11.	dvantaged for conservation programs).	Ü		**
☐ Woi	men.			
	erican Indians or Alaskan Natives, Asians or Asian Americans,	Black or	African Americans, Native	Hawaiians or other
	fic Islanders, Hispanics.	IED.		
	RTIFICATION OF LIMITED RESOURCE FARMER OR RANCH rce farmer or rancher status can be determined by using a v		available through the Limi	itad Rasaurea Earmar
	Online Self-Determination Tool through Natural Resources			
4. I cert	ify that the following statements are true by checking the box:			
My/ou	r direct or indirect gross farm sales (as individuals, if applicable	e for the	entity or joint operation) do	not exceed the amount
identif	ied in the Limited Resource Farmer/Rancher Self-Determination	n Tool f	or the 2 calendar years that	precede the complete
	e year before the relevant program year (see Table 1 on Page 2	of this fo	orm), adjusted upwards in la	ter years for any general
inflatio	on.			
	r total household income (as individuals, if applicable for the en			
level f	or a family of four in each of the same 2 previous years (see Ta	ble 1 on	Page 2 of this form) referen	aced above.
	RTIFICATION OF BEGINNING FARMER OR RANCHER			
	ify that the following statements are true by checking the box	_		ning:
`	applicable, the entity or joint operation) have not operated a fa		•	
I (or if	applicable, the entity or joint operation) substantially participa	te in the	operation.	
		_	Date (Month/Year began fo	urming)
PART D – CE	RTIFICATION OF VETERAN FARMER OR RANCHER		,	
	at I am a farmer or rancher who has served in the Armed For ts of at least one of the boxes below: (Check all that apply)	ces as d	efined in 38 U.S.C. 101(10)	and I meet the
	A. I (or if applicable, the entity or joint operation) have not of began farming in	perated a	a farm or ranch for more tha	n 10 years and
	Date (Month/Year)			
	B. I (or if applicable, the entity or joint operation) am a vetera	an (as de	efined in 38 U.S.C. 101(2))	who first
	obtained status as a veteran during the most recent 10-year			
			Date (Month/Ye	ear)

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#### PART E - NAP COVERAGE OPTION

NOTE:

By submitting a certification under Parts A, B, C, and/or D, you are also certifying that you are eligible for a service fee waiver for catastrophic coverage on eligible crops under the Noninsured Crop Disaster Assistance Program (NAP) for each program year for which your certification is applicable. Additionally, higher levels of NAP coverage can be purchased with reduced premiums through your local FSA County Office. NAP is subject to 7 CFR Part 1437 and the NAP Basic Provisions, available at: <a href="https://www.fsa.usda.gov/programs-and-services/disaster-assistance-program/noninsured-crop-disaster-assistance/index">https://www.fsa.usda.gov/programs-and-services/disaster-assistance-program/noninsured-crop-disaster-assistance/index</a>

Your signature on this certification is your application for NAP catastrophic coverage, and acknowledgement and receipt of the NAP Basic Provisions, on eligible crops for each program year for which your certification is applicable, unless you opt out of NAP catastrophic coverage for eligible crops in Item 7 below. For more information about NAP, visit your local FSA County office.

7. If you do not want to participate in NAP, enter a check mark in the box provided. I elect to opt out of NAP co
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PART F – PENALTY FOR FALSE CERTIFICATION			
The penalty for false certification is loss of all benefits for the crop year in which the false certification was made.			
8A. Applicant's Signature (By)	8B. Title/Relationship of the Individual Signing in the Representative Capacity	8C. Date (MM-DD-YYYY)	

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 Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.) and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to certify that an individual, legal entity, or joint operation is a member of a socially disadvantaged group, qualifies as a limited resource CCC producer, qualifies as a beginning farmer or rancher or qualifies as a veteran farmer or rancher. 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 for socially disadvantaged, limited resource, or beginning farmer or rancher program benefits.

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

**Public Burden Statement (Paperwork Reduction Act):** Public reporting burden for this collection is estimated to average 6 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. For the CFAP, ERP Phase 1 and 2, and FSCSC, you are not required to respond to this collection of information unless valid OMB control numbers are displayed.

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.

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#### **Definitions:**

#### A. Socially Disadvantaged Farmer or Rancher:

A <u>socially disadvantaged farmer or rancher</u> is a farmer or rancher who is a member of a group whose members have been subject to racial, ethnic, or gender prejudice because of their identity as members of a group without regard to their individual qualities. Groups include: American Indians or Alaskan Natives, Asians or Asian Americans, Blacks or African Americans, Native Hawaiians or other Pacific Islanders, Hispanics, and women (for those selecting a group that includes gender). Note that if applicant only checks "women" without also selecting the other category the selection does not make applicant socially disadvantaged for conservation programs.

For entities requesting to be considered socially disadvantaged, at least 50% of the interest must be held by socially disadvantaged individuals.

#### **B.** Limited Resource Farmer or Rancher:

A <u>limited resource farmer or rancher</u> is a farmer or rancher that meets the criteria for both of the following:

A producer whose direct or indirect gross farm sales do not exceed the amount identified in the Limited Resource
Farmer/Rancher Self-Determination Tool\* in each of the 2 calendar years that precede the complete taxable year before the
relevant program year, adjusted upwards in later years for any general inflation, and

Table 1: Direct and Indirect Gross Sales		
Program Year	Corresponding Years	
2017	2014 and 2015	
2018	2015 and 2016	
2019	2016 and 2017	
2020	2017 and 2018	

• A producer whose total household income was at or below the national poverty level for a family of four in each of the same 2 previous years reference in paragraph (1) of this definition.

\* A limited resource farmer or rancher status can be determined using the web site available through the Limited Resource Farmer and Rancher Online Self-Determination Tool through Natural Resources Conservation Service at <a href="https://lrftool.sc.egov.usda.gov/">https://lrftool.sc.egov.usda.gov/</a>.

For entities requesting to be considered limited resource farmer or rancher, all members must be a limited resource farmer or rancher.

**Note:** This definition is not applicable to <u>Farm Loan Programs</u>.

#### C. Beginning Farmer or Rancher:

A beginning farmer or rancher is a person or legal entity for which both of the following are true for the farmer or rancher:

- Has not operated a farm or ranch for more than 10 years, and
- Materially and substantially participates in the operation.

For entities to be considered a beginning farmer or rancher, at least 50% of the interest must be beginning farmers or ranchers.

**NOTE:** This definition is not inclusive of all <u>Farm Loan Programs</u> requirements.

#### D. Veteran Farmer or Rancher:

A <u>veteran farmer or rancher</u> is a farmer or rancher who has served in the Armed Forces (as defined in section 101 (10) of title 38) and who—

- Has not operated a farm or ranch for more than 10 years total, or
- Has obtained status as a veteran (as so defined in 38 U.S.C. 101(2)) during the most recent 10-year period.

For entities requesting to be considered a veteran farmer or rancher, at least 50% of the interest must be held by veteran farmers or ranchers.

CCC-860 (01-11-23) Page 4 of 4

#### E. NAP Coverage Option:

The Noninsured Crop Disaster Assistance Program (NAP) provides financial assistance to producers of non-insurable crops when a low yield, loss of inventory, or prevented planting occurs due to natural disasters. Non-insurable crops are those not insured by the Federal Crop Insurance Corporation. Eligible crops for NAP are commercially grown for food or fiber (excluding livestock and their by-products), commodities, and industrial crops for which crop insurance, excluding pilot coverage, is not available.

Catastrophic coverage is equal to 50 percent of your expected yield and 55 percent of the expected price for the eligible crop (referred to as Basic 50/55). You are not required to pay a fee or a premium for this level of coverage. Additional coverage options and higher levels of coverage are available with a premium. To avail yourself to these options, you must timely file CCC-471 (NAP Application for Coverage) in any FSA County office.

For additional information regarding NAP, visit FSA's NAP page at: <a href="https://www.fsa.usda.gov/programs-and-services/disaster-assistance-program/noninsured-crop-disaster-assistance/index">https://www.fsa.usda.gov/programs-and-services/disaster-assistance-program/noninsured-crop-disaster-assistance/index</a>

**AD-1026** (10-30-14)

#### U.S. DEPARTMENT OF AGRICULTURE

FarmServiceAgency

## HIGHLY ERODIBLE LAND CONSERVATION (HELC) AND WETLAND CONSERVATION (WC) CERTIFICATION

Read	ttached AD-1026 Appendix before completing form.				
PAR	A – BASIC INFORMATION				
1. Na	ne of Producer		2. Tax Identification Number (Last 4 digits)	3. Crop Year	ſ
4. Na	mes of affiliated persons with farming interests . Enter "None," if applica	able.			
	ed persons with farming interests must also file an AD-1026. See Item		ndix for a definition of an affiliated person.		
	eck one of these box es if the statement applies; otherwise continue to F				
A.	The producer in Part A does not have interest in land devoted to person's land, producers of crops grown in greenhouses, and pr land themselves. <b>Note:</b> Do not check this box if the producer sl	roducers of a	quaculture AND these producers do not own	neir hives on and /lease any agric	other ultural
B.	<ul> <li>The producer in Part A meets all three of the following:</li> <li>does not participate in any USDA program that is subject to lonly has interest in land devoted to agriculture which is exclusionable has not converted a wetland after February 7, 2014.</li> </ul>			e.	
	Perennial crops include, but are not limited to, tree fruit, tree nuts, gra should contact the Natural Resources Conservation Service at the near production of a perennial crop.				
No	te: If either box is checked, and the producer in Part A does not particly (NRCS) programs, the full tax identification number of the producer required. Go to Part D and sign and date.				
PART	B - HELC/WC COMPLIANCE QUESTIONS				
lf y	licate YES or NO to each question. ou are unsure of whether a HEL determination, wetland determination EDA Service Center.	n, or NRCS ev	valuation has been completed, contact your	local YES	NO
	ing the crop year entered in Part A or the term of a requested USDA loacultural commodity (including sugarcane) on land for which an HEL de				
7. Ha	s anyone performed (since December 23, 1985), or will anyone perfori	m any activiti	es to:		
A.	Create new drainage systems, conduct land leveling, filling, dredging, by NRCS? <i>If "YES", indicate the year(s):</i>	land clearing	, or excavation that has <b>NOT</b> been evaluated	t l	
B.	Improve or modify an existing drainage system that has <b>NOT</b> been evaluated by the system of the sys	aluated by NF	RCS? If "YES", indicate the year(s):	_	
C.	Maintain an existing drainage system that has <b>NOT</b> been evaluated by <b>Note:</b> Maintenance is the repair, rehabilitation, or replacement of the continued use of wetlands currently in agricultural production were used before December 23, 1985. This allows a person to system or install a replacement system that is more durable of	ne capacity of and the cont to reconstruct or will realize	existing drainage systems to allow for the inued management of other areas as they or maintain the capacity of the original lower maintenance or costs.		
	Note: If "YES" is checked for Item 7A or 7B, then Part C must be conwetland determination on the identified land. If "YES" is checked determination.				
8. Ch	eck one or both boxes, if applicable; otherwise, continue to Part C or D	).			
Α.	Check this box only if the producer in Part A has FCIC reinsured Part A, including any affiliated person, has been subject to HELC			ne the producer	in
B.	<ul> <li>Check this box if either of the following applies to the producer a</li> <li>Is a tenant on a farm that is/will not be in compliance with HE other farms not associated with that landlord are in compliance</li> <li>Is a landlord of a farm that is/will not be in compliance with H other farms not associated with that tenant are in compliance</li> </ul>	ELC and WC nce. (AD-102) IELC and W(	provisions because the landlord refuses to a 6B, Tenant Exemption Request, must be cord provisions because of a violation by the ter	npleted). nant on that farm	n, but all
	C – ADDITIONAL INFORMATION				
	ES" was checked in Item 6 or 7, provide the following information for the	ne land to whi	ich the answer applies:		
A.	Farm and/or tract/field number:  If unknown, contact the Farm Servi	ice Agency at	the nearest USDA Service Center.		_
B.	Activity:				_
C.	Current land use (specify crops):				
D	County				

**AD-1026** (10-30-14) Page 2 of 2

#### PART D - CERTIFICATION OF COMPLIANCE

I have received and read the AD-1026 Appendix and understand and agree to the terms and conditions therein on all land in which I (or the producer in Part A if different) and any affiliated person have or will have an interest. I understand that eligibility for certain USDA program benefits is contingent upon this certification of compliance with HELC and WC provisions and I am responsible for any non-compliance. I understand and agree that this certification of compliance is considered continuous and will remain in effect unless revoked or a violation is determined. I further understand and agree that:

- all applicable payments must be refunded if a determination of ineligibility is made for a violation of HELC or WC provisions.
- NRCS may verify whether a HELC violation or WC has occurred.
- a revised Form AD-1026 must be filed if there are any operation changes or activities that may affect compliance with the HELC and WC provisions. I
  understand that failure to revise Form AD-1026 for such changes may result in ineligibility for certain USDA program benefits or other consequences.
- affiliated persons are also subject to compliance with HELC and WC provisions and their failure to comply or file Form AD-1026 will result in loss of eligibility
  for applicable benefits to any individuals or entities with whom they are considered affiliated.

<b>Producer's Certification:</b> I hereby certify that the information on this form is	* * *	
10A. Producer's Signature (By)	10B. Title/Relationship (If Signing in Representative Capacity)	10C. Date (MM-DD-YYYY)
FOR FSA USE ONLY (for referral to NRCS) Sign and date if NRCS determination is needed.	11A. Signature of FSA Representative	11B. Date (MM-DD-YYYY)

**IMPORTANT:** If you are unsure about the applicability of HELC and WCprovisions to your land, contact your local USDA Service Center for details concerning the location of any highly erodible land or wetland and any restrictions applying to your land according to NRCS determinations before planting an agricultural commodity or performing any drainage or manipulation. Failure to certify and properly revise your compliance certification when applicable may: (1) affect your eligibility for USDA program benefits, including whether you qualify for reinstatement of benefits through the Good Faith process; and (2) result in other consequences.

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 12, the Food Security Act of 1985 (Pub. L. 99-198), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to certify compliance with HELC and WC provisions and to determine producer eligibility to participate in and receive benefits under programs administered by USDA agencies. 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 producer ineligibility to participate in and receive benefits under programs administered by USDA agencies.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title II, Subtitle G, Funding and Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM AD-1026 TO YOUR COUNTY FARM SERVICE AGENCY (FSA) OFFICE.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

This form is available electronically. **AD-1026 Appendix** (10-30-14)

#### U.S. DEPARTMENT OF AGRICULTURE Farm ServiceAgency

## APPENDIX TO FORM AD-1026 HIGHLY ERODIBLE LAND CONSERVATION (HELC) AND WETLAND CONSERVATION (WC) CERTIFICATION

#### 1. Overview

The following conditions of eligibility are required for a producer to receive any U.S. Department of Agriculture (USDA) loans or other program benefits that are subject to the highly erodible land conservation (HELC) and wetland conservation (WC) provisions. Unless an exemption has been granted by USDA, the producer agrees to all of the following on all farms in which the producer, and any affiliated person to the producer (as specified in 7 CFR Part 12), has an interest:

- **NOT** to plant or produce an agricultural commodity on highly erodible land or fields unless being farmed in accordance with a conservation plan or system approved by the Natural Resources Conservation Service.
- NOT to plant or produce an agricultural commodity on a wetland that was converted after December 23, 1985.
- **NOT** to have converted a wetland after November 28, 1990, for the purpose, or to have the effect, of making the production of an agricultural commodity possible on such converted wetland.
- **NOT** to convert a wetland by draining, dredging, filling, leveling, removing woody vegetation, or any other activity that results in impairing or reducing the flow and circulation of water in a way that would allow the planting of an agricultural commodity.
- **NOT** to use proceeds from any Farm Service Agency farm loan, insured or guaranteed, or any USDA financial assistance program, in such a way that might result in negative impacts to a wetland, except for those projects evaluated and approved by Natural Resources Conservation Service.

#### 2. Statutory and Regulatory Authority

The Food Security Act of 1985, as amended, requires producers participating in most programs administered by the Farm Service Agency (FSA), Natural Resources Conservation Service (NRCS), and the Risk Management Agency (RMA) to comply with HELC and WC provisions on all land owned or farmed that is considered highly erodible or a wetland unless USDA determines an exemption applies. Producers participating in these programs, and any individual or entity considered to be an affiliated person of a participating producer, are subject to these provisions. The regulations covering these provisions are set forth at 7 CFR Part 12; all such provisions, whether or not explicitly stated herein, shall apply.

#### 3. Explanation of Terms

<u>Agricultural commodity</u> is **any** crop planted and produced by annual tilling of the soil, including tilling by one-trip planters, or sugarcane.

<u>Highly erodible land</u> is any land that has an erodibility index of 8 or more.

<u>Highly erodible fields</u> are fields where either:

- 33.33 percent or more of the total field acreage is identified as soil map units that are highly erodible; or
- 50 or more acres in such field are identified as soil map units that are highly erodible.

<u>Perennial crop</u> is any crop that is planted once and produces crops over multiple years. Go to www.nrcs.usda.gov/compliance for a list of perennial and annual crops.

#### Wetland is an area that:

- has a predominance of hydric soils (wet soils);
- is inundated or saturated by surface or groundwater (hydrology) at a frequency and duration sufficient to support a prevalence of hydrophytic (water tolerant) vegetation typically adapted for life in saturated soil conditions; and
- under normal circumstances supports a prevalence of such vegetation, except that this term does not include lands in Alaska identified as having a high potential for agricultural development and a predominance of permafrost soils.

#### 4. NRCS and FSA Determinations

When making HELC and WC compliance determinations:

- NRCS makes technical determinations: these include:
  - For HELC compliance:
    - whether land is considered highly erodible;
    - establishing conservation plans or systems; and
    - whether highly erodible fields are being farmed in accordance with a conservation plan or system approved by NRCS.
  - For WC compliance:
    - whether land is a wetland and if certain technical exemptions apply, such as prior converted;
    - whether a wetland conversion has occurred.
- FSA's responsibilities include:
  - making eligibility determinations, such as who is ineligible based upon NRCS technical determinations of non-compliance.
  - acting on requests for application of certain eligibility exemptions, such as the good faith relief exemption.
  - maintaining the official USDA records of highly erodible land and wetland determinations. The determinations are recorded both within the geographic information system and the automated farm and tract records maintained by FSA; however, it is important to know that determinations may not include all of a producer's land. If a producer is uncertain of the highly erodible land and wetland determinations applicable to any of the producer's land, the producer should contact the appropriate USDA Service Center for assistance.

#### 5. HELC and WC Non-Compliance - FSA and NRCS Programs

Producers who are not in compliance with HELC and WC provisions are not eligible to receive benefits for most programs administered by FSA and NRCS. If a producer received program benefits and is later found to be non-compliant, the producer may be required to refund all benefits received and/or may be assessed a penalty.

In particular, unless exemptions apply, a producer participating in FSA and NRCS programs must: not plant or produce an agricultural commodity on a highly erodible field unless such production is in compliance with a conservation plan or system approved by NRCS; not have planted or produced an agricultural commodity on a wetland converted after December 23, 1985; and, after November 28, 1990, must not have converted a wetland for the purpose, or to have the effect, of making the production of an agricultural commodity possible on such converted wetland.

A producer who violates HELC or WC provisions is ineligible for applicable FSA and NRCS benefits for the year(s) in violation. A planting violation, whether on highly erodible land or a converted wetland, results in ineligibility for benefits for the year(s) when the planting occurred. A wetland conversion violation results in ineligibility beginning with the year in which the conversion occurred and continuing for subsequent years, unless the converted wetland is restored or mitigated before January 1<sup>st</sup> of the subsequent year.

#### 6. HELC and WC Non-Compliance - Risk Management Agency - Crop Insurance Policies Reinsured by the Federal **Crop Insurance Corporation**

Producers obtaining federally reinsured crop insurance will not be eligible for any premium subsidy paid by the Federal Crop Insurance Corporation (FCIC) for any policy or plan of insurance if the producer:

- has not filed a completed Form AD-1026 with FSA certifying compliance with HELC and WC provisions; or
- is not in compliance with HELC and WC provisions.

Unless an exemption applies, a producer must:

- not plant or produce an agricultural commodity on a highly erodible field, unless such production is in compliance with a conservation plan approved by NRCS;
- not plant or produce an agricultural commodity on a wetland converted after February 7, 2014; and not have converted a wetland for the purpose, or to have the effect, of making the production of an agricultural commodity possible on such converted wetland after February 7, 2014.

A producer is ineligible for any premium subsidy paid by FCIC on all policies and plans of insurance for the reinsurance year (July 1 – June 30) following the reinsurance year of a final determination of a violation of HELC or WC provisions, including all administrative appeals, unless specific exemptions apply. Further, a producer will be ineligible for any premium subsidy paid by FCIC on all policies and plans of insurance for a reinsurance year if they do not have a completed Form AD-1026 on file with FSA certifying compliance on or before the June 1 prior to the beginning of the subsequent reinsurance year (July 1), unless otherwise exempted. RMA will contact FSA to determine compliance with HELC and WC provisions and the filing of Form AD-1026 prior to the beginning of a reinsurance year, which begins on July 1. If the producer is not in compliance and is not exempt, the producer will be ineligible for premium subsidy for all crops with a sales closing date between the following July 1 through the next June 30.

#### 7. Affiliated Persons

Any affiliated person of a producer requesting benefits subject to HELC and WC provisions must also be in compliance with those provisions. Ineligibility of a producer will also apply to affiliated persons of that producer. If an affiliated person has a farming interest (as owner, operator, or other producer on any farm), the affiliated person must also file Form AD-1026 certifying compliance with HELC and WC provisions in order for the producer requesting benefits to be eligible.

Use this table to determine affiliated persons who must be in compliance with HELC and WC provisions and file Form AD-1026. If you are unsure about an affiliated person determination, please contact FSA at your local USDA Service Center for assistance.

Bet vice center for assistance.	
<b>IF</b> the producer requesting benefits is a (an)	<b>THEN</b> affiliated persons with farming interests who must be in compliance with HELC and WC provisions and file Form AD-1026 are
individual	spouses or minor children with separate farming interests, or who receive benefits under their individual ID number.
NOTE: For a minor, parents or guardians shall be listed	estates, trusts, partnerships, and joint ventures in which the individual filing, or the individual's spouse or minor children have an interest.
as affiliated persons.	corporations in which the individual filing or the individual's spouse or minor children have more than 20% interest.
general partnership	first level members of the entity.
limited partnership	
limited liability company	
joint venture	
estate	
irrevocable or revocable trust	
Indian tribal venture or group	
	first level shareholders with more than 20% interest in the corporation.
corporation with stockholders	<b>Note:</b> First level shareholders of a corporation with 20% interest or less in the corporation are not considered affiliated persons of the corporation.

#### **IMPORTANT NOTICE:**

Signature on Form AD-1026 gives representatives of USDA authorization to enter upon and inspect all farms in which the producer in Part A of Form AD-1026 has an interest for the purpose of confirming HELC and WC compliance.

#### 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 12, the Food Security Act of 1985 (Pub. L. 99-198), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to certify compliance with HELC and WC provisions and to determine producer eligibility to participate in and receive benefits under programs administered by USDA agencies. 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 producer ineligibility to participate in and receive benefits under programs administered by USDA agencies.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title II, Subtitle G, Funding and Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THE**COMPLETED FORM AD-1026 TO YOUR COUNTY FARM SERVICE AGENCY (FSA) OFFICE.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <a href="https://www.ascr.usda.gov/complaint\_filing\_cust.html">https://www.ascr.usda.gov/complaint\_filing\_cust.html</a>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at <a href="program.intake@usda.gov">program.intake@usda.gov</a> USDA is an equal opportunity provider and employer.

OMB Control Number: 0560-0297 Expiration Date: 09/30/2024 orm to:

CCC-94	1 U.S. DEPARTMENT OF AGE Commodity Credit Corpo		1. Return completed form to:		
(10-01-21)	Commodity Credit Corpt	Jiation			
AVE	RAGE ADJUSTED GROSS INCOME	(AGI) CERTIFICATION			
	ND CONSENT TO DISCLOSURE OF		FAX Number:		
			(Name, address and fax number of FSA county office or USDA		
NOTE: The	following statement is made in accordance with the Privacy Act of 1074 /5 U	SC 552a as amonded. The authority for may esting the in	Service Center) formation identified on this form is 7 CFR Part 1400, the Commodity Credit Corporation Charter Act		
(15 prog	J.S.C. 714 et seq.), the Food Security Act of 1985 (Pub. L. 99-198), the Agric ram benefits. The information collected on this form may be disclosed to othe	ultural Act of 2014 (Pub. L. 113-79), and the Agriculture Im r Federal, State, Local government agencies, Tribal agenc	provement Act of 2018 (Pub. L. 115-334). The information will be used to determine eligibility for ries, and nongovernmental entities that have been authorized access to the information by statute or		
	lation and/or as described in applicable Routine Uses identified in the System ested information will result in a determination of ineligibility for program bene		Automated). Providing the requested information is voluntary. However, failure to furnish the		
Pap	erwork Reduction Act (PRA) Statement: This information collection is exer	mpted from the Paperwork Reduction Act as specified in 7	U.S.C. 9091(c)(2)(B).		
(pro		ot required to respond to the collection, or USDA may not o	response, including reviewing instructions, gathering and maintaining the data needed, completing conduct or sponsor a collection of information unless it displays a valid OMB control number. The		
	and Address of Individual or Legal Entity ( <i>Inc</i>	<i>luding Zip Code)</i> 3. Taxpay	er Identification Number (TIN) (Social Security Number for		
		Individu	ual; or Employer Identification Number for Legal Entity)		
	me name and address as used for the tax return specificerTIFICATION OF AVERAGE ADJUSTED G	,			
	ogram year for payment eligibility				
			eriod for calculation of the average AGI will be of the three		
A. 4			xable year for which benefits are requested. For example, ld be the taxable years of 2017, 2016 and 2015.		
5. I cert			n Item 2 (for the year included in Item 4) was:		
Α. [	Less than (or equal to) \$900,000				
В. Г	☐ More than \$900,000				
	CONSENT TO DISCLOSURE OF TAX INFORM	MATION			
Pursuant	to 26 U.S.C. §6103, I hereby authorize the Inte	ernal Revenue Service (IRS) to revi	iew the following items of "return information" (as defined		
in 26 U.S. Item 4:	C. §6103(b)(2)) from the returns (as specified	<i>below)</i> of the individual or legal e	ntity identified in Item 2 for the taxable years indicated in		
Form 1040	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				
			al's or legal entity's eligibility for specified payments for various rescribed by the USDA. In addition, I am aware that the USDA may		
use the info	rmation received for compliance purposes related t	o this eligibility determination, including	referrals to the Department of Justice.		
			rm the USDA if, pursuant to its calculations, the average Adjusted		
	me (AGI) is above or below eligibility requirements a the USDA the type of return from which the informa		2014 or Agriculture Improvement Act of 2018. The IRS will also ned.		
If the IRS is	unable to locate a return that matches the taxnave	r identity information provided above of	or if IRS records indicate that the specified return has not been filed,		
			at a return was not filed, for those years, whichever is applicable.		
I understan	d the Internal Revenue Code §6103(c), limits disclo	sure and use of return information prov	ided pursuant to a taxpayer's consent and holds the recipient		
			sclosure without the taxpayer's express permission or request.		
	g this form:	With USDA Cannot be used as evi	dence of signature authority when completing this form.		
	knowledge that I have read and reviewed all				
	ree to authorize CCC to obtain tax data from		and is consistent with the tax returns filed with the IRS; cation purposes by filing this form;		
	n aware that without this consent to disclosu ifidential and are protected by law under the	·	tion of the individual or legal entity identified in Item 2 are		
- Ice	rtify that I am authorized under applicable st	•	behalf of the legal entity identified in Item 2 (for legal		
	ity only).	7 Title/Polationship of the	ndividual if Signing in a R. Dato (MM-DD-VVVV)		
6. Signa	iule (by)	7. Title/Relationship of the land Representative Capacity	• • • • • • • • • • • • • • • • • • • •		
		,	ŭ ,		
1		•	Date Stamp		
			Date stamp		

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#### 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 <u>adjusted gross income</u> 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. <u>An approved Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority when completing this form.</u>

Internal Revenue Code, §6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

#### **INSTRUCTIONS FOR COMPLETION OF CCC-941**

	Item No./Field name	Instruction
1.	Return Completed Form To	Enter the name, address and fax number 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.  Enter the name and address as it appeared on the IRS tax returns filed for the taxable years specified in Item 4.
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. <i>This</i> will be either a <b>Social Security Number or Taxpayer Identification Number</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>Select only one response.</b>
6.	Signature	Read the acknowledgments, responsibilities and authorizations, before affixing your signature.  Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority.
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.  This form must be returned to FSA within 90 days of the signature date for the consent to be valid.

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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 <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a> 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.

OMB Control Number: 0560-0297 Expiration Date: 10/31/2021 (See Page 4 for Privacy Act Statement)

CCC-902I 1. County 3. Program Year U.S. DEPARTMENT OF AGRICULTURE (01-07-21) Commodity Credit Corporation FARM OPERATING PLAN FOR AN INDIVIDUAL 2. State For "actively engaged in farming" and other payment eligibility and limitation determinations. 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. 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? 2. Is this individual an alien lawfully admitted into the U.S.? 3. FOR COUNTY FSA USE ONLY (Was YES, must present a Resident Alien Card (I-551). a Resident Alien Card, I-551 shown?) YES. Go to Item 4A YES NO. Go to Item 2 4B. Enter Date of Birth (MM-DD-YYYY) 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 5. Enter the name, address, and social security number of parent or guardian: A. C. Parent's or Guardian's Address Parent's or Guardian's Name 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) YES П № D. Does this individual maintain a separate household from parent or guardian? 6. List the direct and indirect interests in all farming operations of this individual's parents or guardians: Parent's or Guardian's Name County and State Where Farming Name of Farming Interest Tax ID Number of Farming Interest Interest is Located (If the social security number or taxpayer ID number is on file, only the last 4 digits are required) 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 filling 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. Date Stamp

CCC-902I (01-07-21) Name of Individual (as identified in Part A): Page 2 of 4									
INSTRUCTIONS FOR PARTS C THROUGH H. Only include information for the individual identified in Part A.									
PART C - LA	ND								
1. <b>Land:</b> Enter the following information for ALL land farmed by the individual identified in Part A and not as part of an entity.									
						ty with an interest in the crop or	r crop proceeds	s, include the	rental rate
-	i \$/acre C	olumn F; otherwi	se ente	C.	•	D.	E.	F.	G.
A. Farm No.		Location	Check	C. As Applic	cable	Name of Individual or Entity Whom	Acres Owned	F. Rental Rate	Check here if
	(Cou	ınty and State)				Land is Leased to and/or From	or Leased	\$ per Acre	same land
			Owned	Leased To	Leased From	· (Includes names of landowners and landlords)		or % of Crop Share	interest was held last year
								Onaro	
					Ħ				
					片				
			Ш		Ш				
For additional	space for I	and, complete CCC-	902 Co	ntinuation	and a	attach to this form. Check here	] if attached.		
PART D - CA	APITAL S	OURCES and US	ES						
Indicate the	source of a	all farming capital for	the indi	ividual ide	ntified	l in Part A for the farms listed in Part C	. (Check all that a	apply.)	
N									
Non-borrov	·	=		ns/credit		FSA program payments			
Commercia									
2. Will contribu	utions of ca	pital, farming equipm	nent or la	and be ac	quired	I as a result of a loan or credit arrange	ment?		
YES	go to Item	3		□NO	go to	Part E			
	_		uarante				or entity that has a	n interest in the	farming operation
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		Пио	God	to Part E.			
	Tompicio	Tionio o/ timoagn ob			. 00			T	
A. Type of Con	tribution	Name of Loan	B. or Cred	dit Source		C. Guarantor's Name	D. Credit Source o	r Guarantor's	E. Percent of
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							Affiliation or In	terest in the	Total Capital
							Farming O	peration	
									%
									%
		- / . !!							
PARTE - EG	QUIPMEN	T (All percentage	s are l	based or	n ann	ual rental values.)			
1. Owned Eq						by the individual identified in Part A tha			
		enter 0%.	viduai s	pecilied if	ı Pan	A does not own any of the equipment	. used in the farmin	ng operation,	%
2 Lossed Ea	uinmont.	Enter the following in	formati	on for ALL	loos	ed equipment to be used by the individ	ual identified in Dr	art A on the form	_
2. Leased Eq						ng operation, enter 0%.	luar identililed ili Pa	an A on the fam	is listed in Part C.
A. B. C. D.									
	Percent of Total Equipment Name of Party/Entity Equipment is Used by the Individual Leased From Type of Equipment Leased from have an interest in this farming operation?								
Used by the			sea Fro	111			irom nave ai		
		%						YES	∐ NO
		%						YES	☐ NO
		%						YES	☐ NO
3. Lease agre	eements:	f Item 2D is "YES," o	opies o	f lease ag	reeme	nent and documentation may be require	d for compliance	ourposes. GO T	O Part F.

Name of Individual (as identified in Part A):

Page 2 of 4

1. Active personal labor. 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.  2. Hired labor. Enter the percentage or hours of labor that will be hired.  A. Will any of the hired labor originate from the same source as leased equipment shown in Part E?    NO   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?    NO   YES   If "YES", acceptable documentation to prove such relationship may be required for compliance purposes.  3. Other labor. 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 percentage or hours of the individual's total management responsibility and the type of managerial duties requir which will be provided by the individual identified in Part A, be provided by the individual identified in Part A:  A. Enter the percent of active personal management to be personally performed by the individual identified in Part A:  B. List the type of management:  A. Enter the percent of hired management:  A. Enter the percent of hired management:  B. Describe any paid management:  A. Enter the percent of other management:  B. Describe any non-compensated management duties/activities provided by someone other than the individual identified in Part A:  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 furnis incorrect information will result in forfeiture of payments and may result in the assessment of a	CCC-902I (01-07-21) Name of Indiv	idual (as identified in Part A):			Page 3 of 4			
No. 6 to to Part 6	PART F - CUSTOM SERVICES							
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, aborers; or by others:  Type  Amount identified in Part A, 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.  Hired labor. Enter the percentage or hours of labor that will be hired.  A Will any of the hired labor or diginate from the same source as leased equipment shown in Part E?  NO YES # YES; acceptable documentation to prove such relationship may be required for compliance purposes.  B. Will any of the hired labor in cluded in the custom farming senders shown in Part E?  NO YES # YES; acceptable documentation to prove such relationship may be required for compliance purposes.  B. Will any of the hired shore he included in the custom farming senders shown in Part E?  NO YES # YES; acceptable documentation to prove such relationship may be required for compliance purposes.  B. Will any of the hired shore he included in the custom farming senders shown in Part E?  NO PART H — MANAGEMENT (The total porcentage shown in Homes 1 through 3 must equal 100%)  For the farms listed in Part C, enter the percentage or hours of the individual's total management responsibility and the type of managerial duties required for the farm in the individual identified in Part A:  A. Enter the percent of acrose personal management to be provided by the individual identified in Part A:  B. List the type of management:  A. Enter the percent of acrose personal management to be personally performed by the individual identified in Part A:  B. Describe any paid management:  B. Describe any paid management services provided by someone other than the individual identified in Part A:  PART I — CERTIFICATION  (certify that cell the information entered on this document and any supporting documentation is true a	Will custom services be utilized by the ir	ndividual identified in Part A on the	farms listed in Part C?					
Type of Services   Farm Number(s)   Number of Acres   Name of Provider	NO. Go to Part G	YES, complete Items 1A through 1I	O of this Part.					
PART I — 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. aborers; or by others:  Type  Amount  1. Active personal labor. Enter the persentage or hours of labor for this farming operation, enter 1,000° hours.  2. Hired labor. Enter the percentage or hours of labor from the straing operation, enter 1,000° hours.  2. Hired labor. Enter the percentage or hours of labor that will be hired.  3. Will any of the hired labor originate from the same source as leased equipment shown in Part E?  3. Will any of the hired labor originate from the same source as leased equipment shown in Part E?  3. Will any of the hired labor originate from the same source as leased equipment shown in Part E?  4. Will any of the hired labor be included in the custom farming services shown in Part E?  5. Will any of the hired labor be included in the custom farming services shown in Part E?  6. Will any of the hired labor be included in the custom farming services shown in Part E?  7. Retrieve the percentage of labor to be donated by farmity members or others. (No payment will be owed)  7. PART II — MANAGEMENT (The total percentage or hours of the individual's total management responsibility and the type of managerial duties require which will be provided by the individual identified in Part A.  8. List the percent of active personal management to be provided by the individual identified in Part A:  8. List the type of management:  9. A. Enter the percent of active personal management to be presonally performed by the individual identified in Part A:  8. Describe any poid management services provided by someone other than the individual identified in Part A:  8. Describe any poid management services provided by someone other than the individual identified in Part A:  8. Describe any poid management and the provided by someone other than the individual identified in Part A:  8. Describe any poid management on this document and								
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Amount	PART G – LABOR							
Active personal labor. 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 faming operation, enter "1,000" hours.  Hired labor. Enter the percentage or hours of labor that will be hired.  A. Will any of the hired labor originate from the same source as leased equipment shown in Part E?    NO   YES   11"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?  B. Will any of the hired labor be included in the custom farming services shown in Part F?  B. Will any of the hired labor be included in the custom farming services shown in Part F?  B. Will any of the hired labor be included in the custom farming services shown in Part F?  B. Will any of the hired labor be included in the custom farming services shown in Part F?  B. Will any of the hired labor to be donated by family members or others. (No payment will be owed).  **PART H - MANAGEMENT (The total percentage shown in terms 1 through 3 must equal 100%)  For the farms listed in Part C, enter the percentage or hours of the individual's total management responsibility and the type of managerial duties require which will be provided by the individual identified in Part A:  A. Enter the percent of active personal management to be provided by the individual identified in Part A:  B. List the type of management:  A. Enter the percent of hired management:  B. Describe any paid management services provided by someone other than the individual identified in Part A:  **Other management:  A. Enter the percent of other management:  B. Describe any paid management services provided by someone other than the individual identified in Part A:  **Other management:  A. Enter the percent of other management:  B. Describe any paid management services provided by someone other than the individual identified in Part A:  **Other man		rmation for contributions of active p	personal labor which will be provided	by the individua	al identified in Part A, hired			
Active personal labor. 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.  Hired labor. Enter the percentage or hours of labor that will be hired.  A. Will any of the hired labor originate from the same source as leased equipment shown in Part E?    NO	aborers; or by others:							
Hired labor. Enter the percentage or hours of labor that will be hired.    A. Will arry of the hired labor originate from the same source as leased equipment shown in Part E?   No   YES   If YES', acceptable documentation to prove such relationship may be required for compliance purposes.		Туре			Amount			
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A. Will any of the hired labor originate from the same source as leased equipment shown in Part E?    NO   YES   If YES", acceptable documentation to prove such relationship may be required for compliance purposes.    B. Will any of the hired labor to included in the custom farming services shown in Part F?   NO   YES   If YES", acceptable documentation to prove such relationship may be required for compliance purposes.    Document will be owed).	identified in Part A performs 1,000 or r	more hours of labor for this farming	operation, enter "1,000" hours.		hrs			
A. Will any of the hired labor originate from the same source as leased equipment shown in Part E?  NO YES If YES*, acceptable documentation to prove such relationship may be required for compliance purposes.  B. Will any of the hired labor is included in the custom farming services shown in Part F?  NO YES If YES*, acceptable documentation to prove such relationship may be required for compliance purposes.  Other labor. Enter the percentage of labor to be donated by family members or others. (No payment will be owed).  **ART IH - MANAGEMENT (The total percentage shown in Items 1 through 3 must equal 100%)**  For the farms listed in Part C, enter the percentage or hours of the individual's total management responsibility and the type of managerial duties requirished will be provided by the individual identified in Part A, by hired persons or entities, or by others who are not hired.  A. Citive personal management:  A. Enter the percent of 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:  Hired management:  A. Enter the percent of hired management:  B. Describe any paid management services provided by someone other than the individual identified in Part A:  Other management:  A. Enter the percent of other management:  B. Describe any non-compensated management duties/activities provided by someone other than the individual identified in Part A:  **ART I - CERTIFICATION**  Certify that all the information entered on this document and any supporting documentation is true and correct. I understand furnis incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written orification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operat by signing this form, I acknowledge that:  all supporting documentation has been submitted as requir					%			
NO   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?   NO   YES If "YES", acceptable documentation to prove such relationship may be required for compliance purposes.   Other labor. Enter the percentage of labor to be donated by family members or others. (No payment will be owed).   ART H − MANAGEMENT (The total percentage shown in Items 1 through 3 must equal 100%)   or the farms listed in Part C, enter the percentage or hours of the individual's total management responsibility and the type of managerial duties requirishic will be provided by the individual identified in Part A, by hired persons or entities, or by others who are not hired.   Active personal management:   A. Enter the percent of 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:   Hired management:   A. Enter the percent of hired management:   B. Describe any paid management services provided by someone other than the individual identified in Part A:   Other management:   B. Describe any non-compensated management duties/activities provided by someone other than the individual identified in Part A:	. <b>Hired labor</b> . Enter the percentage or h	nours of labor that will be hired.			hrs			
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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 this farming operation if the person or legal entity owns or rents land to this farming operation; or has an interest in the crop or crop proceeds from this farming operation; or is a member of a joint operation that either owns or rents land to this farming operation, or has an interest in the crop or crop proceeds from this farming 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 significant 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 with an interest in the farming operation. A significant contribution of 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. Contributions must be "significant".
- 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, 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 legal 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 and QLA only, public reporting burden for this collection is estimated to average 30 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. 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.

OMB No. 1510-0056

## 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.

	-	GENC	Y INFORMATI	ON				
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AGENCY IDENTIFIER:	AGENCY LOCATION CODE (	ALC):		ACH F	_	MAT: CCD+		TX.
ADDRESS:								
CONTACT PERSON NAME:							TELEPHONE	NUMBER (Include Area Code):
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SIGNATURE AND TITLE OF AUTHORIZ (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.
- 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.

Standard Form 1199A (Rev. April 2021) Prescribed by Treasury Department Treasury Dept. Cir. 1076

#### **DIRECT DEPOSIT SIGN-UP FORM**

#### OMB No. 1530-0006

#### **DIRECTIONS**

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent remain qualified for payment by Direct Deposit.

  SECTION 1 (TO BE COMPLETED BY PAYEE)
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

Α	NAME OF PAYEE (last, first, middle initial)		D	TYPE OF DEPOSITOR A	CCOUNT	CHECKING	SAVINGS		
			E	DEPOSITOR ACCOUNT	NUMBER				
	ADDRESS (street, route, P.O. Box, APO/FPO)								
	CITY	ZIP CODE	F	TYPE OF PAYMENT (Che	eck only one)				
				Social Security		. Salary/Mil. Civ	ilian Pay		
	TELEPHONE NUMBER AREA CODE			Supplemental Security Incom Railroad Retirement		Active Retire.			
_		т		Civil Service Retirement (OP	M) Mil.	Survivor			
В	NAME OF PERSON(S) ENTITLED TO PAYMEN			VA Compensation or Pension	n Oth	er (spe	cify)		
C	CLAIM OR PAYROLL ID NUMBER		G	THIS BOX FOR ALLOTM	IENT OF PAYM		• /		
	( <u>-                                    </u>		Ť	TYPE		AMOUNT	<i>принешно</i>		
	Prefix Suffix								
	PAYEE/JOINT PAYEE CERTIFICAT	TION		JOINT ACCOUN	NT HOLDERS'	CERTIFICAT	ON		
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.				I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.					
SIG	NATURE	DATE	SIC	SIGNATURE DATE			ATE .		
SIG	NATURE	DATE	SIG	SIGNATURE DATE					
	SECTION 2 (TO BE	COMPLETED BY	PA	YEE OR FINANCIAL	INSTITUTIO	DN)			
GO	/ERNMENT AGENCY NAME	GC	VERNMENT AGENCY ADDRI	ESS					
	SECTION 3 (T	O BE COMPLETE	D E	BY FINANCIAL INSTI	TUTION)				
NAN	ME AND ADDRESS OF FINANCIAL INSTITUTION			ROUTING NUMBER			CHECK DIGIT		
		DEPOSITOR ACCOUNT TITLE							
	FINANCIAL INSTITUTION CERTIFICATION								
	I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 208, and 210.								
PRINT OR TYPE REPRESENTATIVE'S NAME SIGNATURE OF REPRESENTATIVE				SENTATIVE TELEPHONE NUMBER DATE			DATE		

## Glossary of Terms

Acreage Report — documents the crops grown on your farm or ranch and their intended uses. You must file timely acreage reports to be eligible for many USDA programs.

**Advance Payment** — a payment that may be made available in advance of the installation of the conservation practice.

Assignment of Payment — this form known as the CCC-36 allows the participant to directly assign part or all of a payment received for **Farm Bill** program participation to another individual, group of individuals or entities.

Farm Bill — a package of legislation passed roughly once every 5 years that impacts farming livelihoods, how food is grown, what kinds of foods are grown. It covers commodities, conservation, nutrition, loans, rural development, research, extension services, forestry, energy, horticulture, crop insurance, labor safety, workforce development, and much more.

**Conservation Concern** — an expected degradation of the soil, water, air, plant, animal, or energy resource base to an extent that the sustainability or intended use of the resource is impaired. This may also be called a **Resource Concern**.

**Conservation Loan** — an FSA Direct or Guaranteed Loan that can be used to fund the implementation of approved conservation practices in accordance with an NRCS Conservation Plan of Forest Service Steward Management Plan.

Conservation Plan — a free tool designed to help you better manage the natural resources on your farm or ranch. An NRCS conservationist will meet with you to evaluate the soil, water, air, plant, and animal resources on your property and offer several alternatives to address the resource conditions. The alternatives you decide to use are recorded in your conservation plan, which includes a schedule for installation.

Conservation Planning Activities — activities for which producers can receive NRCS funding to engage Technical Service Providers (TSPs) to help identify and assess the resource concerns against planning criteria in a conservation plan and determine the practices to implement.

Conservation Practice Standard — NRCS guidance that contains information on why and where a practice is applied and sets forth the minimum quality criteria that must be met during the application of a practice in order for it to achieve its intended purpose.

**Conservationist** — an individual who provides technical expertise and conservation planning for farmers, ranchers, and forest landowners wanting to make conservation improvements to their land.

Cooperative Extension Service — assists the public in the areas of agriculture, lawn and garden, community development, 4H and youth development, family, and consumer education.

Design Implementation Activities — activities for which producers can receive NRCS funding to engage Technical Service Providers (TSPs) to help identify how to implement systems, practices, and activities. These may include the development of specific practice designs, management prescriptions, or other instructions to implement a producer's selected conservation system.

**FSA County Committee** — a committee elected by the agricultural producers in the county or area to help deliver farm program at the local level and work to ensure programs serve the needs of local producers.

Direct Loan — Direct Loans offer up to 100 percent financing and are a valuable resource to help farmers and ranchers purchase or enlarge family farms, improve and expand current operations, increase agricultural productivity, purchase livestock or equipment, recover from natural disasters and assist with land tenure to save farmland for future generations. With a maximum loan amount of \$600,000 (\$300,150 for Beginning Farmer Down Payment), all FSA Direct Loans are financed and serviced by the Agency through local Farm Loan staff. The funding comes from Congressional appropriations as part of the USDA budget.

Emergency Loan — an FSA Direct Loan that can be used to help qualified operators recover from a declared natural disaster. This loan can help with paying costs of repairing or replacing damaged property, replacing lost crop income and provide funds for operating costs. The maximum loan amount for a Direct Emergency Loan is \$500,000.

**Easement** — an interest in land defined and delineated in a deed whereby the landowner conveys rights, title, and/or interests in a property to the grantee, but the landowner retains fee-title ownership.

Farm and Tract Number — Farm Number is a unique identifier assigned by FSA to a farm. Tract Number is a unique identifier assigned to a land unit that is part of a farm.

Farm Ownership Loan — an FSA Direct or Guaranteed Loan that can be used to purchase or expand a farm or ranch. This loan can help with paying closing costs, constructing or improving buildings on the farm, or to help conserve and protect soil and water resources. The maximum loan amount for a Direct Farm Ownership Loan is \$600,000, and for a Guaranteed Farm Ownership Loan is \$1,825,000.

**Financial Assistance** — funds paid to an eligible program participant under an agreement entered into with NRCS.

Guaranteed Loan — FSA's Guaranteed Farm Loan Programs help family farmers and ranchers to obtain loans from USDA-approved commercial lenders at reasonable terms to buy farmland or finance agricultural production. FSA will guarantee farm loans through a commercial lender up to \$2,236,000. Financial institutions receive additional loan business as well as benefit from the safety net the FSA provides by guaranteeing farm loans up to 95 percent against possible financial loss of principal and interest.

**Heirs Property** — a legal term that refers to family land inherited without a will or legal documentation of ownership.

Highly Erodible Land (HEL) — cropland, hayland, or pasture that can erode at excessive rates. It would contain soils that have an erodibility index of eight or more. If a producer has a field identified as highly erodible land, that producer is required to maintain a conservation system of practices that keeps erosion rates at a substantial reduction of soil loss.

Microloan — an FSA Direct Loan, either Farm Ownership or Operating Loan, designed to meet the needs of small and beginning farmers, or for non-traditional and specialty operations by easing some of the requirements and offering less paperwork. The maximum loan amount for a Microloan is \$50,000.

Operating Loans — an FSA Direct or Guaranteed Loan that can be used to purchase livestock, seed, and equipment. This loan can also cover farm operating costs and family living expenses while a farm gets up and running. The maximum loan amount for a Direct Operating Loan is \$400,000, and for a Guaranteed Operating Loan is \$1,825,000.

**Practice Implementation** — the action taken by a producer or contractor to install or carry out a planned conservation practice to address a natural resource concern, meet the technical requirements of the design standard, and achieve an environmental benefit.

Ranking Pools — customized to incorporate locally led input and are established to allow program applications with similar land uses/production types, resource concerns, and in similar geographic areas to compete for funding with similar operations.

**Risk Management** — the forecasting and evaluation of financial risks together with the identification of procedures to avoid or minimize their impact.

Schedule of Operations — this document identifies the conservation practices to be implemented, timing of the implementation, practice location, and payment rates.

Service Center — location where you can connect with FSA, NRCS, or Rural Development employees for your business needs. Find your local Service Center and agency offices using the USDA Service Center Locator at farmers. gov/service\_locator.

**Technical Assistance** — guidance provided to farmers, ranchers and forestland owners with the knowledge and tools they need to conserve, maintain, and restore the natural resources on their lands and improve the health of their operations for the future.

**Technical Service Provider (TSP)** — an individual or business with technical expertise in conservation planning and design that serve as consultants to provide services on behalf of NRCS.

**Youth Loan** — a type of Operating Loan for young people between 10–20 years old who need assistance with an educational agricultural project. Typically, these youth are participating in 4-H clubs, FFA, or a similar organization.

Wetland — Wetlands are defined differently by different people and different government agencies. But there are three factors of commonality in these various definitions; wetlands can be defined by having wetland vegetation (hydrophytes) or supporting such vegetation under normal circumstances, having a predominance of hydric soils, and having wetland hydrology (inundated or saturated by surface or groundwater at a frequency and duration sufficient to support a prevalence of vegetation typically adapted for life in saturated soil conditions).



### Civil Rights Statement

#### **Your Rights**

While we strive to provide the best customer service, if you feel we've fallen short, we want to make sure you're aware of your options.

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

If you receive an adverse program decision from the Farm Service Agency, Natural Resources Conservation Service, Risk Management Agency, or other USDA agency, you can file an appeal request. This includes if you were turned down for a farm loan, denied program payments, or denied assistance. You can learn more at nad. usda.gov or by calling 1-800-541-0457.

If you believe you experienced discrimination when obtaining services from USDA or a program that receives financial assistance from USDA, you can file a complaint with USDA. The Center for Civil Rights Enforcement will investigate and resolve complaints of discrimination in programs operated or assisted by USDA. To file a program discrimination complaint, you may obtain a complaint form by sending an email to OAC@usda.gov.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) at **usda.gov/oascr/how-to-file-a-program-discrimination-complaint**, 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:

- Mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410
- 2. Email: program.intake@usda.gov.

## Appendix 5: Worksheet to Prepare for Your First Visit with USDA

This worksheet is provided as a tool to help you reflect on and clarify the needs of your operation. If you choose to fill it out, be sure to bring it along with you for your first visit to a USDA service center to help facilitate the discussion and get the help you need. Please select as many of the options below as apply to you and your operation.

I meet the USDA definition of a (select all that apply, see	e Are You a Historically Underserved Farmer or Rancher? on page 4):								
Beginning Farmer or Rancher	Socially Disadvantaged Farmer or Rancher								
Limited Resource Farmer or Rancher	Veteran Farmer or Rancher								
I am interested in:									
Farm Number to enable me to participate in USDA financial assistance programs	<ul><li>Market Risk and Facilitation</li><li>Conservation Plan</li></ul>								
<ul><li>Loan</li><li>Insurance</li><li>Disaster Assistance</li></ul>	Person to recommend resources in my area to help me gain experience or learn more about farming before I start								
My current operation is:									
<ul> <li>Conventional Certified Organic</li> <li>Exempt from Organic Certification (sales below \$5,0)</li> <li>Mixture of Organic and Conventional</li> <li>Heirs' Property (see Navigating Complex Land Owner</li> </ul>									
l operate:									
total acres including these land use types:rangela	andpasturelandforestlandcropland								
Lam considering producing the following agricultural pro	oducts:								
Tan constant high cadeing the following agricultural pro-									
My conservation goals include:									
Soil - reducing or preventing soil erosion; improving s	soil health and quality.								
$\underline{\hspace{0.3cm}} \textbf{Water} - \text{irrigation and drainage water management};$	reducing flood damage; improving water quality on and off my farm.								
Air - minimizing emissions and drift of particulate ma	itter, pesticides, odors, and greenhouse gases.								
Plants – improving plant productivity and health, incr	reasing biodiversity, minimizing pests, and reducing wildfire threat.								
Animals – providing feed, forage, water, and shelter for	or livestock; enhancing wildlife habitat or biodiversity.								
Humans – economic and social considerations.									
Energy - improving energy efficiency of equipment, facilities, practices, and field operations; reduction of emissions from nutrients and animal waste.									
Meeting National Organic Program (NOP) regulation	ns.								
Extending the growing season and improving plant he Other:									
I want to:									
learn about serving on my local county committee.									
sign up for USDA email updates and/or learn how to g	get a farmers.gov profile.								

## Notes and Service Center Information

My local Service Center (farmers.gov/service-center-locator) is:	
• Address:	
Phone Number:	
Notes:	



Download the electronic fillable version at https://www.farmers.gov/working-with-us/common-forms or scan the QR code.





April 2024