



Obtaining an FSA Farm Number and Forms



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Form Number	Form Title	Help
AD 1026	Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification (Assembled as a component with AD-1026 Appendix)	



United States
Department of
Agriculture

National Institute
of Food and
Agriculture



by
Russ Tronstad
tronstad@ag.arizona.edu

Farm Records

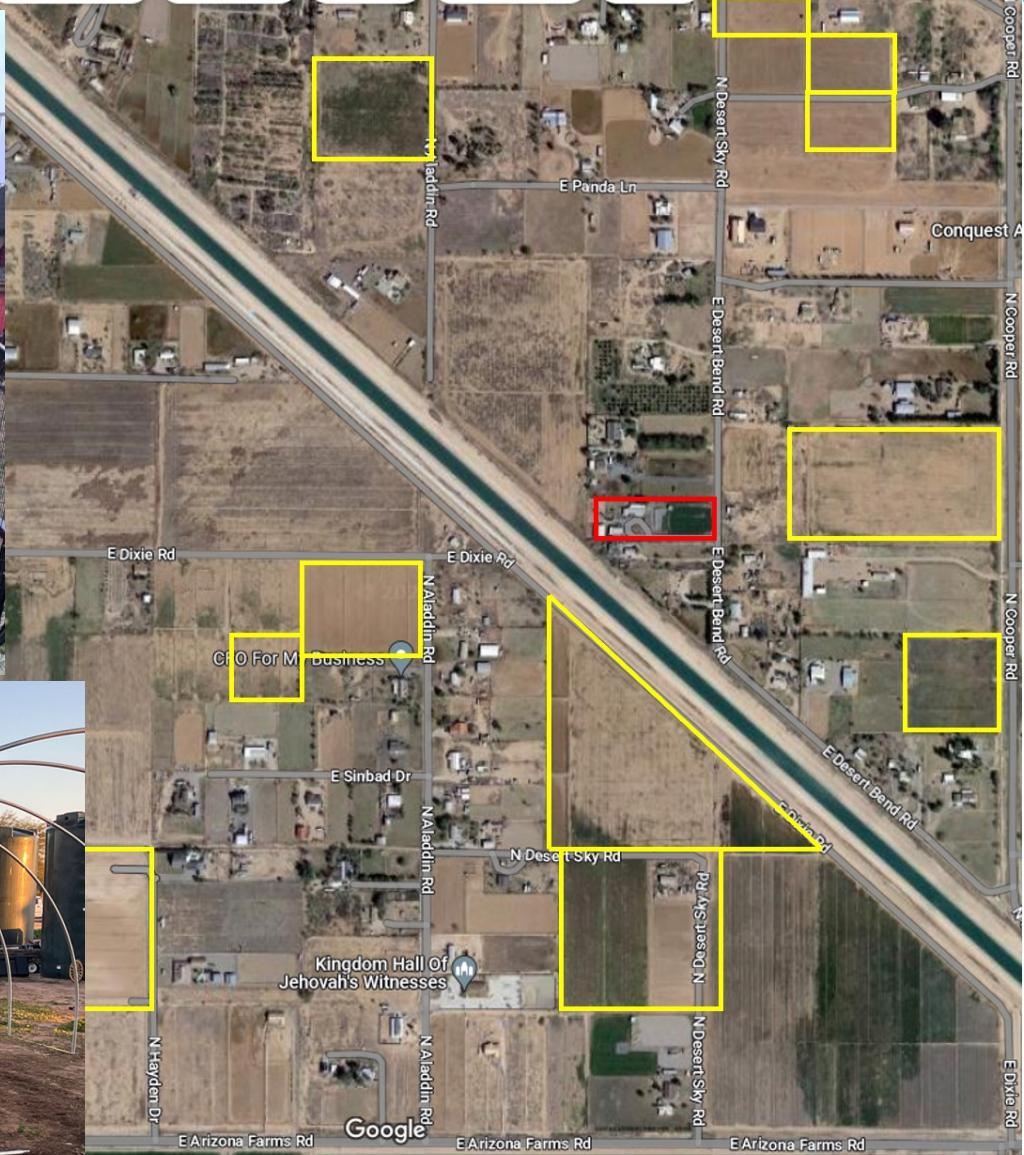
FSA is a land based agency.

Almost every program FSA administers is **tied to the land**. This tie to the land starts with FSA records (FSA Farm Number) to establish and maintain a farming interest.

FSA farm numbers **stay with the land**, if new owner, need to establish that with FSA.



Urban Farms – Tyler Hyer, Mesa



Urban Farms – Phil Jacquez, Mesa

208 square feet of growing beds



Establishing Farm Records

FSA Establishes Farms for **all** Agricultural Purposes:

- “Traditional” commodity farms
- Rangeland/Livestock
- Fruits and Vegetable
- Trees, Vineyards, Orchards
- Urban Ag
- Bees
- Aquaculture
- Conservation Programs and Practices



3 ways to establish as farmer

1. Obtain FSA farm number.
2. Filing of schedule F with IRS and tax records.
3. Agricultural land valuation and property taxes.

Tax Year	Status	Billed	Applied Int/Fees	Tax Paid	Due
2022	<u>TAX</u>	<u>\$514.92</u>	<u>\$0.00</u>	<u>\$514.92</u>	<u>\$0.00</u>
2021	<u>TAX</u>	<u>\$530.14</u>	<u>\$0.00</u>	<u>\$530.14</u>	<u>\$0.00</u>
2020	<u>TAX</u>	<u>\$515.00</u>	<u>\$0.00</u>	<u>\$515.00</u>	<u>\$0.00</u>
2019	<u>TAX</u>	<u>\$514.10</u>	<u>\$0.00</u>	<u>\$514.10</u>	<u>\$0.00</u>
2018	<u>TAX</u>	<u>\$507.72</u>	<u>\$0.00</u>	<u>\$507.72</u>	<u>\$0.00</u>
2017	<u>TAX</u>	<u>\$493.62</u>	<u>\$0.00</u>	<u>\$493.62</u>	<u>\$0.00</u>
2016	<u>TAX</u>	<u>\$491.14</u>	<u>\$0.00</u>	<u>\$491.14</u>	<u>\$0.00</u>
2015	<u>TAX</u>	<u>\$540.06</u>	<u>\$0.00</u>	<u>\$540.06</u>	<u>\$0.00</u>
2014	<u>TAX</u>	<u>\$2,702.34</u>	<u>\$0.00</u>	<u>\$2,702.34</u>	<u>\$0.00</u>
2013	<u>TAX</u>	<u>\$2,819.78</u>	<u>\$0.00</u>	<u>\$2,819.78</u>	<u>\$0.00</u>



Info Needed for FSA Farm

- Have an official tax identification (Social Security number for Individual or EIN for entity operation (e.g., LLC))
- The **property deed** with geographic info.
- If you do not own the land, be sure to have your **lease agreement**.
- If your operation is incorporated or an entity, FSA may need proof of your **signature authority** and legal ability to sign contracts with USDA.



AD-2047 Form, Customer Data

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			
<small>NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Computer Security Act of 1987 (Pub. L. 100-235), OMB Circular A-123, Federal Managers' Financial Integrity Act of 1982, and Privacy Act of 1974 (5 USC 552a - as amended). The information will be used to document a request by the producer for 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 record.</small>			
<small>Public Burden Statement (Paperwork Reduction Act Statement): According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0265. The time required to complete this information collection is estimated to average 3 minutes (.05 hours) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</small>			
<small>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.</small>			
PART A CUSTOMER INFORMATION			
1. Reason for Request. (Check appropriate box(es) below):			
<input type="checkbox"/> New Customer <input type="checkbox"/> Update Existing Customer Record			
2A. Customer's Full Name or Business Name and Address <small>(Including Zip Code)</small>		2B. Customer Business Type (Example: Individual, Corporation, LLC, Estate, Trust, etc.)	
2C. Home Telephone Number (Area Code)		2D. Business Telephone Number (Area Code)	
2E. Mobile Telephone Number (Area Code)			
2F. Email Address		2G. Does the customer want to receive sensitive (but non-PII) Producer or farm specific related emails? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3A. Taxpayer Identification Number (Complete TIN for new customer or last 4 digits for existing customer) and Type (SSN, EIN, ITIN, etc)		3B. Birthdate (Only required if the customer is a minor)	
3C. Citizenship Status: (For Individuals Only)		3D. Originating Country (For Foreign Entities Only)	
<input type="checkbox"/> U.S. Resident <input type="checkbox"/> Resident Alien (I-551 Required) <input type="checkbox"/> Not a US Citizen or Resident Alien Citizenship country if not US:			
Demographic Information			
Departmental Regulation 4370-001 provides USDA's policies for collecting demographic data, including race, ethnicity and gender. Providing demographic information is voluntary and at the discretion of the customer. Demographic information is used by USDA for statistical purposes only and will not be used to determine an applicant's eligibility for programs or services for which they apply. You may disregard providing information in items 4A, 4B or 4C if the information has previously been provided to USDA. A customer identified in item 2A that is a legal entity must base responses to the race, ethnicity and gender on the individual persons holding at least 50 percent ownership interest in the legal entity.			
4A. Race: (Note: More than 1 may be selected)		4B. Ethnicity:	
<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> I do not want to provide Race information at this time. Note: See instructions for legal entities		4C. Gender (Individual): 4D. Gender (Legal Entity)	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not want to provide Ethnicity information at this time. Note: See instructions for legal entities		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> I do not want to provide Gender information at this time. <input type="checkbox"/> Not applicable/unknown <input type="checkbox"/> Organization/Female Owned <input type="checkbox"/> Organization/Male Owned <input type="checkbox"/> Organization/Non-Binary <input type="checkbox"/> I do not want to provide Gender information at this time.	
Date Stamp			

AD-2047 (01-08-24)

5. Customer has interest in one or more of the following agencies. (Check Appropriate Agency(ies) below:)

AMS FSA NRCS RMA RD

6. Is the Customer a Multi -County Producer? YES (If "YES," list States and/or Counties below:) NO

7. See form instructions for signature requirements.

7A. Customer Signature	7B. Title/Relationship	7C. Date (MM-DD-YYYY)
------------------------	------------------------	-----------------------

PART B SERVICE CENTER ACTION

8A. Agency Who Received Request: (Check one below)	8B. Initials of Employee Receiving Request (If Different than Item 12A)	8C. Date Service Center Employee Received the Request (MM-DD-YYYY)
<input type="checkbox"/> FSA <input type="checkbox"/> NRCS <input type="checkbox"/> RD		

9. How the Request for Change was Received:

Office Visit Telephone FAX USPS Box One Span Other (Specify):

10. COC LAA:

11. Remarks, if Applicable:

12A. Signature of Employee Updating Business Partner if not initialed in Item 8B.	12B. Date Service Center Employee Updating Business Partner (MM-DD-YYYY)
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html 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.

AD-2047 Form, Instructions (3 pp.)

Instructions for AD-2047

CUSTOMER DATA WORKSHEET

Customers use this form to provide critical customer information to USDA used to positively identify the customer. Data collected includes contact information, citizenship status, birthdates for minor children and demographic information. Customers may also use this form to report changes to their customer record. Submit the original of the completed form by mail, email, Box, OneSpan, or facsimile to the appropriate FSA servicing office.

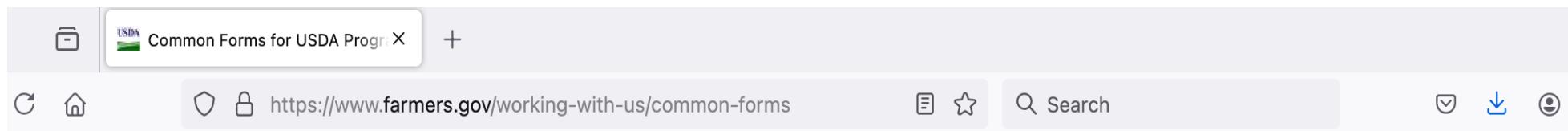
Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that: (1) the customer submitting the form is the only person required to sign the document, (2) the person signing the document on behalf of another customer has a valid Power of Attorney (Form FSA-211) on file with USDA to sign for the customer. (3) the person signing the document on behalf of a legal entity is an authorized representative of the legal entity.

Features for submitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.



USDA Common Forms

<https://www.farmers.gov/working-with-us/common-forms>



Customer Data Worksheet

AD-2047 is our Customer Data Worksheet that enables you to update your information with us, including your contact and demographic information.

Last updated: 01-08-2024.

- [Form AD-2047](#)
- [Form AD-2047 Instructions](#)

Farm Operating Plan

Your local Farm Service Agency representative assists you to complete a Farm Operating Plan (CCC-902). There are plans for individuals (i) and entities (e) available. *Last updated: 01-07-2021.*

- [Form CCC-902i](#)
- [Form CCC-902i Instructions](#)
- [Forma CCC-902i en Español](#)
- [Forma CCC-902i Instrucciones en Español](#)

Member's Information Form

If you are a legal entity, a Member's Information form (CCC-901) is used to collect member names, contact information and tax identification numbers. *Last updated: 01-07-2021.*

- [Form CCC-901](#)
- [Form CCC-901 Instructions](#)
- [Forma CCC-901 en Español](#)

Farm operating plan;

- Individual
- Tax ID
- County and State where located.

CCC-9021 (01-07-21)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. County 2. State				
FARM OPERATING PLAN FOR AN INDIVIDUAL						
For "actively engaged in farming" and other payment eligibility and limitation determinations.						
<small>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.</small>						
PART A – BASIC INFORMATION						
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> 1. Individual's Name and Address (Include Zip Code) </td> <td style="width: 50%; vertical-align: top;"> 2. Social Security Number (If the social security number or taxpayer ID number is on file, only the last 4 digits are required) </td> </tr> </table>			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)		
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						
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> 1. Is this individual a U.S. citizen? <input type="checkbox"/> YES. Go to Item 4A <input type="checkbox"/> NO. Go to Item 2 </td> <td style="width: 33%; vertical-align: top;"> 2. Is this individual an alien lawfully admitted into the U.S.? <input type="checkbox"/> YES, must present a Resident Alien Card (I-551). <input type="checkbox"/> NO </td> <td style="width: 33%; vertical-align: top;"> 3. FOR COUNTY FSA USE ONLY (Was a Resident Alien Card, I-551 shown?) <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> </table>			1. Is this individual a U.S. citizen? <input type="checkbox"/> YES. Go to Item 4A <input type="checkbox"/> NO. Go to Item 2	2. Is this individual an alien lawfully admitted into the U.S.? <input type="checkbox"/> YES, must present a Resident Alien Card (I-551). <input type="checkbox"/> NO	3. FOR COUNTY FSA USE ONLY (Was a Resident Alien Card, I-551 shown?) <input type="checkbox"/> YES <input type="checkbox"/> NO	
1. Is this individual a U.S. citizen? <input type="checkbox"/> YES. Go to Item 4A <input type="checkbox"/> NO. Go to Item 2	2. Is this individual an alien lawfully admitted into the U.S.? <input type="checkbox"/> YES, must present a Resident Alien Card (I-551). <input type="checkbox"/> NO	3. FOR COUNTY FSA USE ONLY (Was a Resident Alien Card, I-551 shown?) <input type="checkbox"/> YES <input type="checkbox"/> NO				
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> 4A. Is this individual under 18 years of age as of June 1 of the program year that is specified in Item 3? <input type="checkbox"/> NO. Go to Part C <input type="checkbox"/> YES, continue with Item 4B </td> <td style="width: 50%; vertical-align: top;"> 4B. Enter Date of Birth (MM-DD-YYYY) </td> </tr> </table>			4A. Is this individual under 18 years of age as of June 1 of the program year that is specified in Item 3? <input type="checkbox"/> NO. Go to Part C <input type="checkbox"/> YES, continue with Item 4B	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? <input type="checkbox"/> NO. Go to Part C <input type="checkbox"/> YES, continue with Item 4B	4B. Enter Date of Birth (MM-DD-YYYY)					
5. Enter the name, address, and social security number of parent or guardian:						
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> A. Parent's or Guardian's Name </td> <td style="width: 33%; vertical-align: top;"> B. Parent's or Guardian's Address </td> <td style="width: 33%; vertical-align: top;"> C. Social Security Number of Parent or Guardian <small>(If the social security number or taxpayer ID number is on file, only the last 4 digits are required)</small> </td> </tr> </table>			A. Parent's or Guardian's Name	B. Parent's or Guardian's Address	C. Social Security Number of Parent or Guardian <small>(If the social security number or taxpayer ID number is on file, only the last 4 digits are required)</small>	
A. Parent's or Guardian's Name	B. Parent's or Guardian's Address	C. Social Security Number of Parent or Guardian <small>(If the social security number or taxpayer ID number is on file, only the last 4 digits are required)</small>				
D. Does this individual maintain a separate household from parent or guardian? <input type="checkbox"/> YES <input type="checkbox"/> NO						
6. List the direct and indirect interests in all farming operations of this individual's parents or guardians:						
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%; vertical-align: top;"> A. Parent's or Guardian's Name </td> <td style="width: 25%; vertical-align: top;"> B. Name of Farming Interest </td> <td style="width: 25%; vertical-align: top;"> C. Tax ID Number of Farming Interest <small>(If the social security number or taxpayer ID number is on file, only the last 4 digits are required)</small> </td> <td style="width: 25%; vertical-align: top;"> D. County and State Where Farming Interest is Located </td> </tr> </table>			A. Parent's or Guardian's Name	B. Name of Farming Interest	C. Tax ID Number of Farming Interest <small>(If the social security number or taxpayer ID number is on file, only the last 4 digits are required)</small>	D. County and State Where Farming Interest is Located
A. Parent's or Guardian's Name	B. Name of Farming Interest	C. Tax ID Number of Farming Interest <small>(If the social security number or taxpayer ID number is on file, only the last 4 digits are required)</small>	D. County and State Where Farming Interest is Located			

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.

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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

INSTRUCTIONS FOR PARTS C THROUGH H. Only include information for the individual identified in Part A.

PART C - LAND

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

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

For additional space for land, complete CCC-902 Continuation and attach to this form. Check here if attached.**PART D - CAPITAL SOURCES and USES**

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

Non-borrowed capital Private loans/credit FSA program payments
 Commercial loans/credit Other: _____

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

YES go to Item 3 NO go to Part E

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

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

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

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

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

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

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

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

Farm operating plan;

- Custom Services
- Labor
- Management
- Certification / Signature(s)

PART F - CUSTOM SERVICES

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

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

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

PART G - LABOR

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

Type	Amount
1. 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.	%
	hrs
2. Hired labor. Enter the percentage or hours of labor that will be hired.	%
	hrs
A. Will any of the hired labor originate from the same source as leased equipment shown in Part E? <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES", acceptable documentation to prove such relationship may be required for compliance purposes.	%
B. Will any of the hired labor be included in the custom farming services shown in Part F? <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES", acceptable documentation to prove such relationship may be required for compliance purposes.	%
3. 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 required which will be provided by the individual identified in Part A, by hired persons or entities, or by others who are not hired.

1. Active personal management:

A. Enter the 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:

2. 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:

3. 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:

PART I - CERTIFICATION

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

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

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

Farm operating plan definitions;

DEFINITIONS

The following definitions apply to Form CCC-902I.

1. **ACTIVELY ENGAGED IN FARMING** – means providing both: 1) significant contributions of capital, equipment, or land, or combination thereof to the farming operation; and 2) significant contributions of active personal labor or active personal management, or a combination thereof, to the farming operation as described. Further, for a person or legal entity to be considered actively engaged in farming for program payment purposes, the contributions of the person or legal entity must be at-risk and commensurate with the person's or legal entity's claimed share of the profit and loss of the farming operation. Failure to meet these requirements will result in the determination of ineligibility for payments under programs specified in 7 CFR Part 1400.
2. **INTEREST IN A FARMING OPERATION** – a person or legal entity is considered to have an interest in 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, 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 USDAFSA-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. 9001(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.**

Member Information;

Part B: Embedded Legal Entities – If any member listed in Part A, Item 3 is a legal entity (i.e., part of another partnership, corporation, etc.) list the members of that legal entity in this item. (If more than one member is a legal entity, use a separate, supplemental sheet to provide the requested information for each embedded legal entity.)

This form is available electronically.

CCC-901
(01-07-21)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

Date Stamp

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

MEMBER'S INFORMATION

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 members of a legal entity. 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.**

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

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

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

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html 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.

Member Information;

6. a) Check “YES” if any minor listed in Part D is a producer on a farm and the parent or guardian has no interest. Check “NO” if the minor is a producer on a farm and the parent or guardian has an interest in the farming operation.

PART C - Embedded Entities: For any member listed in Part B, who is an entity, list such embedded entity's name and list the requested information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Part B is an entity, provide the requested information for each entity on supplemental sheets.				
Name of Embedded Legal Entity		Complete Tax ID Number		
1. Member's Name	2. SSN or Tax ID Number. (Last 4 digits if already on file)	3. Address	4. Percent Share	5. Does this member have signature authority for the legal entity? (Yes or No)
			% <input type="checkbox"/> YES <input type="checkbox"/> NO	
			% <input type="checkbox"/> YES <input type="checkbox"/> NO	
			% <input type="checkbox"/> YES <input type="checkbox"/> NO	
			% <input type="checkbox"/> YES <input type="checkbox"/> NO	
PART D – Minor Members or Shareholders - For any member or Shareholder who is a minor, provide the following: <input type="checkbox"/> N/A				
1. Minor's Name	2. Date of Birth (MM-DD-YYYY)	3. Parent's or Guardian's Name	4. Parent's or Guardian's Address	5. Parent's or Guardian's SSN or Tax ID No. (Last 4 digits if already on file)
6. Separate Status of Minors				
(a) Is any minor a producer on a farm in which the parent or guardian has no interest? <input type="checkbox"/> YES <input type="checkbox"/> NO				
(b) Does any minor maintain a separate household from the parent or guardian and personally carry out farming activities with respect to the minor's farming operation, including maintaining separate accounting? <input type="checkbox"/> YES <input type="checkbox"/> NO				
(c) Does any minor who is represented by a court-appointed guardian or conservator responsible for the minor: 1) live in a household other than the parents' household(s), and 2) have a vested ownership in the farm? <input type="checkbox"/> YES <input type="checkbox"/> NO				
(d) If any minor with an interest in this farming operation can answer “YES” to Items 6(a)-6(c), list that minor's name:				
Part E. Foreign Persons – For any Member or Shareholder who is a foreign person, provide the following:				
7A. Citizenship Status - Is each Member and Shareholder of the legal entity identified in Part A, and any embedded entity identified in Parts C, D and E a U.S. Citizen?				
<input type="checkbox"/> YES, all members/shareholders are US Citizens - Go to Part F <input type="checkbox"/> NO, one or more members/shareholders is not a US Citizen - Complete Item 7B				
7B. For each member or shareholder (direct or embedded) who is not a US Citizen, provide the following:				
(1) Name of Individual		(2) This individual has a valid Form I-551		FOR FSA USE ONLY
		<input type="checkbox"/> YES <input type="checkbox"/> NO		Form I-551 Presented to FSA <input type="checkbox"/> CCC Initials
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
PART F- CERTIFICATION - By Signing:				
- I certify that I have signature authority for the entity identified in Part A and all information entered on this document is true and correct				
- I understand that furnishing incorrect information will result in forfeiture of payments and benefits.				
- I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in the information provided.				
1. Representative's Signature (By)	2. Title/Relationship of Individual Signing in the Representative			3. Date (MM-DD-YYYY)



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Form Number	Form Title	Help
AD 1026	Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification (Assembled as a component with AD-1026 Appendix)	
AD 1026 Spanish	Apéndice Del Formulario AD-1026 Certificación de Conservación de Tierras Altamente Erosionables (HELC) y de Conservación de Terrenos Pantanosos (WC)	
AD 1026-B	Highly Erodible Land Conservation Exemption Request	
AD 1026-C	Landlord or Landowner Exemption Request	
AD 1026-D	Relief for Undue Economic Hardship Request Highly Erodible Land Conservation	
AD 1026-E	Tenant/Sharecropper Exemption for Wetland Planting Violation on CW greater than or equal to 2014	
AD 1068 Spanish	Request for Good Faith Relief - Highly Erodible Land Conservation (HELC) Violation	
AD 1069	Request for Good Faith Relief - Wetland Conservation (WC) Violation	

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Form Number	Form Title	Help
CCC 863	Agriculture Risk Coverage- Individual (ARC-IC) Yield Certification	
CCC 866	AGRICULTURAL RISK COVERAGE - COUNTY OPTION (ARC-CO) AND PRICE LOSS COVERAGE (PLC) ELECTION AND CONTRACT	
CCC 867	Yield Update for the Price Loss Coverage (PLC) Program	
CCC 870	Emergency Assistance for Livestock, Honeybees, and Farm-Raised Fish Program	
CCC 879	Application for Approval of Cotton Gin Under Seed Cotton Loan Program	
CCC 880	Ginners Seed Cotton Agreement	
CCC 880 SPANISH	Acuerdo Para Desmontadores De Algodon	
CCC 883	Seed Cotton Removal, Ginning and Marketing Authorization	
CCC 883 Spanish	Seed Cotton Removal, Ginning, And Marketing Authorization.	
CCC 0884	Organic Certification Cost Share Program (OCCSP)	



Organic Cert. Cost Share Program

Form Approved - OMB No. 0560-0289
Expiration Date: 03/31/2026

CCC-884 (05-13-24)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation ORGANIC CERTIFICATION COST SHARE PROGRAM (OCCSP) (For 2020 and Subsequent Years)	1. County FSA Name and Address (Including Zip Code)
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INSTRUCTIONS: Return this completed form to your County FSA Office.

NOTE: *Privacy Act Statement: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is the National Organic Program (7 C.F.R. Part 205), the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Federal Crop Insurance Act (7 U.S.C. 1501 et seq. - as amended), the Organic Foods Production Act of 1990 (7 U.S.C. 6501 et seq. - as amended), the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171), the Agriculture Improvement Act of 2018 (Pub. L. 115-334), and the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22). The information will be used to determine the applicant's ability to participate in and receive benefits under the Organic Certification Cost Share Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination that the applicant is unable to participate in and receive benefits under the Organic Certification Cost Share Program.*

Public Burden Statement (Paperwork Reduction Act): According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0289. The time required to complete this information collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

PART A – APPLICANT INFORMATION

2. Applicant Name	3. Applicant's Address (Including Zip Code)	4. Have you recently participated in FSA programs? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO", please fill out an AD-2047 and SF-3881)	5. Applicant's Phone Number (Including Area code)
			6. Email Address

PART B – CERTIFICATION INFORMATION

7. Name of Organic Certifier	8. Certification Number/Certifier Client ID	9. Current Date of Certification/Certificate Issued
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10. Enter the program year (OCCSP program years are based on the fiscal year in which expenses are paid). See instructions for the specific dates covered by each program year.	
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11. Scope of Activity (Check all that apply) and Associated Costs:	
<input type="checkbox"/> Crops \$ _____	<input type="checkbox"/> Livestock \$ _____
<input type="checkbox"/> Wild Crops \$ _____	<input type="checkbox"/> Processing/Handling \$ _____

12. Have you applied for cost share funds with your State for the program year in Item 10 and for the Scopes selected in Item 11? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES", you will be ineligible for cost share benefits with FSA.)	
--	--

Non-Discrimination Statement: 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, 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. Income

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 [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: (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.

Organic Cert. Cost Share Program

CCC-884 (05-13-24)

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PART C – APPLICANT CERTIFICATION STATEMENT

Each applicant must submit a complete application to an FSA county office to be eligible to receive program benefits. A complete application includes form CCC-884, a copy of the applicant's organic certificate, itemized documentation of certification expenses paid by the applicant, and forms AD-2047 and SF-3881 if not previously filed with FSA. By signing this application, applicant:

1. Agrees to provide FSA any documentation required to determine eligibility and to verify and support all information provided, including applicant's organic certificate;
2. Understands the application may be disapproved if the applicant fails to provide a complete application or any information requested by FSA;
3. Agrees to comply with, and acknowledges the applicant is subject to, all provisions of OCCSP as published in the Notice of Funds Availability published in the Federal Register, and all applicable rules and regulations;
4. Understands that OCCSP payments are provided on a first come, first served basis until all available funds are obligated, and applications received after all funds are obligated will not be paid;
5. Acknowledges that if determined eligible and funding is available, the applicant's certification cost may be adjusted from the amount entered in Item 11 to reflect eligible allowable costs indicated by the documentation submitted to support the application.

I certify that:

1. The above information provided by me or my legal representative is true and correct.
2. I understand that failure to provide true and correct information may result in the invalidation of this application, a determination of noncompliance or ineligibility, or other remedies or sanctions.
3. I understand that I may not receive duplicate benefits for the same scope of activity and program year from both a State Agency and FSA. If it is determined that I have received duplicate benefits, I have no right to retain those payments.

13. Applicant's Signature (By)

14. Title/Relationship of the Individual Signing in the Representative Capacity

15. Date (MM/DD/YYYY)

PART D – CCC REPRESENTATIVE APPROVAL OR DISAPPROVAL

16A. CCC Representative's Signature (or Designee)

16B. Title of Representative or Designee

17. Action:

APPROVED
 DISAPPROVED

18. Date (MM/DD/YYYY)

Benefits of Having a FSA Farm

- Allows you to apply for FSA farm loans, crop insurance, disaster assistance and NRCS programs like EQIP (high tunnels).
- Be in FSA's system and mailing list to be one of the first to hear about a new program.
- Enhances ability to obtain ag land status in urban areas with small acreage.
- Be counted in Ag Census data.
- Makes you eligible to elect FSA County Committee members.



EQIP High Tunnel



Why Keep Records

If you can't measure it – you can't manage it?



Farm Records

What can I produce when -- quality? --- marketing....



Tracking Sales



Summary

- ❖ **Records are required or desired for:**
 - + taxes (cash expenses & sales)
 - + most USDA programs / loans
 - + certification programs (3rd party verification)
 - + pesticide use reporting / vaccinations (BQA)
 - + food safety/traceability (GHP/GAP certification)
 - + liability protection
 - + crop rotations
 - + management decisions (what to grow, when plant & harvest, how to grow, etc.)
- ❖ **Difficult to manage anything that is not measured, recorded, and tracked over time.**

