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(See Page 3 for Privacy Act and Paperwork Reduction Act Statements)

**CCC-882**  
(proposal 2)

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

**COTTON GINNING COST-SHARE (CGCS)  
PROGRAM APPLICATION**

**This form is used to provide cotton ginning cost-share assistance payments to cotton producers with a share in the 2016 cotton crop.**

**PART A – RECORDING COUNTY OFFICE (FOR CCC USE ONLY)**

1A. Recording County Office Name	1B. Recording County Office Address (Include Zip Code)
2A. Recording County Office Telephone Number (Include Area Code)	2B. Recording County Office Fax Number (Include Area Code)

**PART B - PRODUCER CONTACT INFORMATION**

3A. Producer/Entity Name	3B. Producer/Entity Address (Include Zip Code)	3C. Contact Producer's Name
		3D. Contact Producer's Telephone Number (Include Area Code)

**PART C - PRODUCER CERTIFICATION (If additional entries are required, provide data on an additional CCC-882, Page 1)**

4. State Code Tract Location	5. County Code Tract Location	6. Farm No.	7. Tract No.	8. Cotton Acres for 2016	9. Producer's Share of Acres in Item 8	10. Production Region Based Upon Location of Tract Listed in Item 7	11. Regional Cost-Share Rate - Based Upon Region Identified in Item 10	12. Estimated CGCS Payment (Item 8 x Item 9 x Item 11)





**PART D – PRODUCER AGREEMENT (For additional signatures, provide signatures on an additional CCC-882, Page 2 and note in Item 16 Remarks)**

**THIS APPLICATION TO PARTICIPATE** in CGCS is entered into between the Commodity Credit Corporation (CCC) and the undersigned producers on the farm(s) identified in Item 6 for the 2016 crop year of the cotton acres identified in Item 8. This application must be executed by each cotton producer with a share interest greater than zero in the cotton acres on the farm who is requesting a CGCS payment by the application deadline. **Cotton producers with a share in the cotton acres who do not sign this application by the application deadline are not eligible for and will not be paid a CGCS payment.** By signing this statement, the undersigned producer(s) on the farm(s) identified in Item 6 requesting a CGCS payment, subject to CCC approval: (1) agree to comply with CGCS, payment eligibility and limitation, including all terms and conditions associated with CGCS as stated in the notice of funds availability issued for CGCS; (2) acknowledge and agree that CGCS is subject to changes to applicable statute or regulation; (3) certify to the accuracy of the information recorded on this form whether the information was entered by the applicant or on behalf of the applicant by either someone else or FSA; (4) a producer’s claimed share of CGCS payments must correspond to the producer’s share of the cotton acreage reported on the farm’s acreage report; (5) the payment is subject to payment eligibility and payment limitation requirements, and may be reduced; (6) and acknowledge and agree this application form must be submitted to FSA by the announced deadline for the 2016 crop year to be considered for a CGCS payment, and if the form is submitted after the announced signup deadline, the application for payment will be disapproved.

14A. Producer's Name	14B. Producer's Signature	14C. Title/Relationship of Individual Signing in the Representative Capacity	14D. Date (MM-DD-YYYY)

**PART E – CCC APPROVAL (FOR CCC USE ONLY)**

15A. Name of CCC Representative	15B. Signature of CCC Representative	15C. Title/Position of CCC Representative	15D. Date (MM-DD-YYYY)

15E. Select Approved/Disapproved (Note: If 'Disapproved' state reason in Item 16.)  APPROVED  DISAPPROVED

16. Remarks

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is Sec. 5 of the Commodity Credit Corporation Act [15 U.S.C. 714 et seq.]. The information will be used to determine producer eligibility to participate in and receive benefits under the Cotton Ginning 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility concerning the processing of the cotton ginning cost-share payment request.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0287. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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

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

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program\\_intake@usda.gov](mailto:program_intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.