This	form	is	available	electr	onically.

U.S. Department of Agriculture Farm Service Agency						1. OMB No. 0560-0287		2. Title of Clearance COTTON GINNING COST-SHARE (CGCS)PROGRAM				
Reporting and I	Record	keepin	g Requirements									
3.	4.	5.	6.	7.		Annual Burden on the Public (Col. 8 x 9=10 and Col. 10 x 11=12)						
Description (Title of Form, Report or Record)	Report	Record	Form No.	Regulation Part/Sec.	No. of Repor		9.	10.	11.	12. Total Burden Hours		
							No. of Reports Filed Per Person	Total Annual Responses	Average Time to Respond	Exempt	Non-Exempt	
Cotton Ginning Cost Share (CGCS) Payment Application			CCC-882		36,000		1	36,000	15 min		9,000	
ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM (OMB control number 1500-0056)			SF-3881			500	1	500	15 min		125	
Producer's Production Evidence	Х					500	1	500	30 min		250	
I												
TOTALS []						5,000		37,000			9,375	