Form Approved - OMB No. 0560-0183 Expiration date (08-31-2021)

CCC-36 (proposal 1)	U.S. DEPARTMENT OF AGRICULTURE  Commodity Credit Corporation					Check Applicable Agency     (only one)			
		ASSIGNM	MENT OF	PAYME	ENT		FSA	☐ NRCS	
PART A - GENERAL INFORMA  2. Assignor's Name and Address (In		e)		3. Assigne	ee's Name a	and Address (Includ	ding Zip Code)		
4. Assignor's Tax Identification Num	ber (9 Digit Numb	per):		5. Assigned	e's Tax Ider	ntification Number	(9 Digit Numbe	r):	
PART B - APPLICABLE PROG	RAM(S)								
6. Program		7 Assigned Amount for I			Each Applicable Year			8. State, County, and Reference Number, If Applicable	
	YEAR	YEAR	YEAR	YE	EAR	YEAR			
Agricultural Risk Coverage (ARC)	AMOUNT	AMOUNT	AMOUNT	- AN	MOUNT	AMOUNT			
	YEAR	YEAR	YEAR	YE	EAR	YEAR			
Price Loss Coverage (PLC)	AMOUNT	AMOUNT	AMOUNT	AN	MOUNT	AMOUNT			
	YEAR	YEAR	YEAR	YE	EAR	YEAR			
Conservation Reserve Program Annual Rental (CRP)	AMOUNT	AMOUNT	AMOUNT	AN	MOUNT	AMOUNT			
	YEAR	YEAR	YEAR	YE	EAR	YEAR			
	AMOUNT	AMOUNT	AMOUNT	AN	MOUNT	AMOUNT			
Emergency Assistance Livestock Honey Bee and Farm Raised Fish Program (ELAP)	YEAR	YEAR	YEAR	YE	EAR	YEAR			
	AMOUNT	AMOUNT	AMOUNT	AN	MOUNT	AMOUNT			
	YEAR	YEAR	YEAR	YE	EAR	YEAR			
Livestock Forage Program (LFP)	AMOUNT	AMOUNT	AMOUNT	AN	MOUNT	AMOUNT			
	YEAR	YEAR	YEAR	YE	EAR	YEAR			
Livestock Indemnity Program (LIP)	AMOUNT	AMOUNT	AMOUNT	AN	MOUNT	AMOUNT			
	YEAR	YEAR	YEAR	YE	EAR	YEAR			
eLoan Deficiency Web Payment (eLDP)	AMOUNT	AMOUNT	AMOUNT	ĀN	MOUNT	AMOUNT			
	YEAR	YEAR	YEAR	YE	EAR	YEAR			
Noninsured Crop Disaster Assistance (NAP)	AMOUNT	AMOUNT	AMOUNT	AN	MOUNT	AMOUNT			
Agricultural Conservation Easement Program (ACEP) (NRCS USE ONLY)	YEAR	YEAR	YEAR	YE	EAR	YEAR			
	AMOUNT	AMOUNT	AMOUNT	AN	MOUNT	AMOUNT			
Conservation Stewardship Program (CSP) (NRCS USE ONLY)	YEAR	YEAR	YEAR	YE	EAR	YEAR			
	AMOUNT	AMOUNT	AMOUNT	AN	MOUNT	AMOUNT			
Environmental Quality Incentives	YEAR	YEAR	YEAR	YE	EAR	YEAR			
Program (EQIP) (NRCS USE ONLY)	AMOUNT	AMOUNT	AMOUNT	AN	MOUNT	AMOUNT			
	YEAR	YEAR	YEAR	YE	EAR	YEAR			
Grassland Reserve Program (GRP) (NRCS USE ONLY)	AMOUNT	AMOUNT	AMOUNT	AN	MOUNT	AMOUNT			

10. Contract Year, Program

11. Assigned Amount

12. State, County, and Reference Number,

Other Program Name

	(For FSA/NRCS)	Year, or Payment Year		If A <sub>l</sub>	pplicable		
			\$				
			\$				
			\$				
			\$				
	<b>36</b> (proposal 1)				Page 2 of 3		
	C - REPRESENTATION OF ASSIC						
ssigno ublicly 'he ass ssignn	er to assign a cash payment in accordan or and the assignee. Assignment is effec y announced before this form is filed ar signee agrees to repay promptly to the l ment. The assignor and the assignee ag	ctive for all counties unless specify or nd is subject to the terms stated in this Federal Government any amount by v wee that they will promptly notify the	n Item 8 or I s form and the which the as county FSA	tem 12. This assignment is applicab ne provisions of 7 CFR Part 1404. signed payment exceeds the amount	ole only to programs secured by the		
	signment may be revoked at any time b				13C. Date		
.3A. As	ssignor's Signature (By)	13B. Title/Relationship of the I	13B. Title/Relationship of the Individual if Signing in a Representative Capacity				
.4A. As	ssignee's Signature (By)	14B. Title/Relationship of the II	14B. Title/Relationship of the Individual if Signing in a Representative Capacity				
	D DEVOCATION OF A COLOR	N					
	D - REVOCATION OF ASSIGNME						
	nment of payment authorization abo						
5A. As	A. Assignee's Signature (By)  15B. Title/Relationship of the Individual if Signing in a Representative Capacity						
	g (-))	15B. Tille/Relationship of the h	naiviauai it S	igning in a Representative Capacity	15C. Date		
	(-),	15B. Title/Relationship of the h	ndividuai it S	igning in a Representative Capacity			
		15B. Tille/Relationship of the h	idividuai if S	igning in a Representative Capacity			
OR C	COUNTY OFFICE USE ONLY reciving State and County	156. Tille/Relationship of the h	ndividual if S	igning in a Representative Capacity  17. Date Filed (MM-DD-YYYY)			
OR C	COUNTY OFFICE USE ONLY	15B. Tille/Relationship of the h	ndividual if S		(MM-DD-YYYY)		
OR C	COUNTY OFFICE USE ONLY occiving State and County	ECIAL PROVISIONS RELATII		17. Date Filed (MM-DD-YYYY)	(MM-DD-YYYY)		
FOR C	COUNTY OFFICE USE ONLY occiving State and County	ECIAL PROVISIONS RELATII	NG TO AS	17. Date Filed (MM-DD-YYYY) SSIGNMENTS	(MM-DD-YYYY)		
FOR C	COUNTY OFFICE USE ONLY ceiving State and County	ECIAL PROVISIONS RELATIONS RELATIONS IS EN	NG TO AS	17. Date Filed (MM-DD-YYYY) SSIGNMENTS em 8 or Item 12.	(MM-DD-YYYY)		
6. Red A B	COUNTY OFFICE USE ONLY receiving State and County  SPE  Assignment is effective for all cour  If the assignor assigns a specified v	ECIAL PROVISIONS RELATIONS RELATIONS IS EN	NG TO AS tered in Ite	17. Date Filed (MM-DD-YYYY) SSIGNMENTS em 8 or Item 12.	(MM-DD-YYYY)  18. Time Filed		
FOR C	COUNTY OFFICE USE ONLY receiving State and County  SPE  Assignment is effective for all count  If the assignor assigns a specified v  1. CCC, FSA and NRCS will received.	ECIAL PROVISIONS RELATIONS RELATIONS RELATIONS IS ENTRY IN THE PROVISION OF THE PROVISION O	NG TO AS tered in Ite e assignee gram per p	17. Date Filed (MM-DD-YYYY)  SSIGNMENTS  em 8 or Item 12.  rogram year or group of years if	(MM-DD-YYYY)  18. Time Filed  multi-year is		
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A. A. B. D.	COUNTY OFFICE USE ONLY ceiving State and County  SPI  Assignment is effective for all county  If the assignor assigns a specified v  CCC, FSA and NRCS will received.  Assignments will be honored  The payment due the assignor may arising after the execution of a Form	ECIAL PROVISIONS RELATION ACCORDANCE ASSIGNMENTS for each programments for each programments for each programments for each programments for each programment and programments for each programment fo	NG TO AS atered in Ite ae assignee gram per pa on the order ess owing a accordant	17. Date Filed (MM-DD-YYYY)  SSIGNMENTS  em 8 or Item 12.  rogram year or group of years if  er of filing with the county FSA of by the assignor to the United State with the regulations governing	multi-year is or NRCS office. stes, including debts g, 7 CFR Parts 3,		
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19B. TELEPHONE NO. (Including area code):

NRCS [	COUNTY FSA COMMITTEE	ASSIGNEE	PARTICIPANT [	

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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 Soil Conservation and Domestic Allotment Act (16 U.S.C. 590h(g)), the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (7 U.S.C. 9094) and 7 CFR Part 1404. The information will be used to assign payments made under applicable CCC, FSA, and/or NRCS programs to a designated assignee. 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 for USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination that the Assignor is unable to assign applicable CCC, FSA, and/or NRCS program payments to a designated assignee.

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 0560-0183. The time required to complete this information collection is estimated to average 10 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. For certain programs such as ARC, PLC, CRP, ELAP, LIP, and eLDP, this information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (See Pub. L. 113-79, Title I, Subtitle F, Administration and Title II, Subtitle G, Funding and Administration). For NRCS programs, 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).

RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OR NRCS OFFICE.

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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: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>. USDA is an equal opportunity provider, employer, and lender.