**OMB Control Number:** 0560-0183.

**Title of Clearance:** Assignment of Payment .

**Agency Form Number affected by Change Worksheet:** CCC-36.

**Other Changes:** FSA needs to make a minor correction to CCC-36, Assignment of Payment. We removed (Contract Year Program or Payment Year) in item 7. Those words were causing a lot of confusion for the applicants, and was no longer needed in the form.

There is no change to the burden hours.