

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.