

Instructions for CCC-902I

FARM OPERATING PLAN FOR AN INDIVIDUAL

This form is used to collect information about individuals that is used by FSA to determine eligibility for payments. ♦ This form is designed for individuals using a social security number and requesting program payments as an individual on their own farming operation.

Submit the original of the completed form in hard copy or facsimile to the appropriate USDA servicing office.

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to those customers with access credentials only. ♦ If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

Complete items as indicated. ♦ Related definitions are provided on page 4 of the form to assist in form completion.

Items 1-3

Fld Name / Item No.	Instruction
1 County	Enter the name of the control county for the individual.
2 State	Enter the name of the state where this individual conducts their farming operation. ♦ GO TO Part A.
3 Program Year	Enter the program/crop year for which the information for this farming operation is being provided. ♦

Part A ♦ Basic Information

1 Individual ♦s Name and Address	Enter the name and address, including zip code, of the individual. If the individual conducts business using an assumed name, include the assumed name. ♦ (Example: ♦ John Doe, dba John Doe Grain Farms)
2 Tax Identification Number	Enter the social security or taxpayer ID number of the individual. ♦ If the complete social security or taxpayer ID number is on file with FSA, only the last 4 digits are required. ♦ GO TO Part B.

Part B ♦ Additional Information

1 U.S. citizen	Check the appropriate box to indicate citizenship status of the individual identified in Part A. If the individual identified in Part A is a U.S. citizen, check ♦ YES ♦ and
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	<p>GO TO Item 4A.</p> <p>If the individual identified in Part A is not a U.S. citizen, check <input type="checkbox"/> NO <input type="checkbox"/> and GO TO Item 2.</p>
<p>2 Alien Status</p>	<p>Check the appropriate box to indicate alien status of the individual identified in Part A.</p> <p>Check <input type="checkbox"/> YES <input type="checkbox"/> if the individual identified in Part A is an alien lawfully admitted to the U.S. and a Resident Alien Card, form I-551, was presented.</p> <p>Check <input type="checkbox"/> NO <input type="checkbox"/> if the individual identified in Part A is not a U.S. citizen and a Resident Alien Card, form I-551, is not presented.</p>
<p>3 For County FSA Use Only</p>	<p>This item will be completed by FSA.</p> <p>If the individual identified in Part A is not a U.S. citizen and form I-551 was not presented, the individual identified in Part A will be considered a foreign person for payment eligibility and payment limitation purposes.</p>
<p>4A Individual <input type="checkbox"/> Under 18 <input type="checkbox"/></p>	<p>Check the appropriate box to indicate whether the individual identified in Part A is a minor as of June 1 of the Program Year entered above. <input type="checkbox"/></p> <p>Check <input type="checkbox"/> NO <input type="checkbox"/> if the individual identified in Part A was 18 years of age or older on June 1 and GO TO Part C.</p> <p>Check <input type="checkbox"/> YES <input type="checkbox"/> if the individual identified in Part A was younger than 18 year of age on June 1. Continue with Item 4 B.</p>
<p>4B Date of Birth</p>	<p>If the individual identified in Part A was younger than 18 years of age on June 1 of the program year, enter the month, day and year the individual identified in Part A was born.</p>
<p>5A <input type="checkbox"/> 5C Parent or Guardian Information <input type="checkbox"/></p>	<p>If the individual identified in Part A is a minor, provide the following information about the individual <input type="checkbox"/>s parent or legal guardian:</p> <ul style="list-style-type: none"> A) Parent <input type="checkbox"/>s or guardian <input type="checkbox"/>s name B) Parent <input type="checkbox"/>s or guardian <input type="checkbox"/>s address C) Last 4 digits of the parent <input type="checkbox"/>s or guardian <input type="checkbox"/>s social security or taxpayer ID number, if complete taxpayer ID number is on record with FSA.
<p>5D Separate Residences <input type="checkbox"/></p>	<p>If the individual identified in Part A is a minor, check <input type="checkbox"/> YES <input type="checkbox"/> or <input type="checkbox"/> NO <input type="checkbox"/> to indicate whether the individual identified in Part A maintains a separate household from your parent or guardian.</p>
<p>6A <input type="checkbox"/> 6D Parent or Guardian <input type="checkbox"/>s Farming Interests <input type="checkbox"/></p>	<p>If the individual identified in Part A is a minor, provide the following information about the parent or guardian <input type="checkbox"/>s interest in farming operations:</p> <ul style="list-style-type: none"> A) Parent <input type="checkbox"/>s or guardian <input type="checkbox"/>s name B) Name of parent <input type="checkbox"/>s or guardian <input type="checkbox"/>s farming interest

1A ♦ 1G Land	
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Part D ♦ Capital Sources and Uses

1 Sources of capital...	Indicate the sources of operating capital for the farming operation of individual identified in Part A. ♦♦ Check all the types of capital that apply. ♦ If ♦Other♦ is indicated, please specify. ♦
2 Contributions of capital, land or equipment..	Check the applicable boxes to indicate whether capital, equipment or land contributed by the individual identified in Part A to this farming operation was acquired as the result of a loan or credit arrangement. Check ♦YES♦ if the individual identified in Part A acquired contributions of capital, equipment or land through loans or credit arrangement, then GO TO Item 3. Check ♦NO♦ if the individual identified in Part A acquired contributions of capital, equipment or land through loans or credit arrangement, then GO TO Part E.
3 If capital includes loans or credit arrangement♦	Check ♦♦NO♦, if the individual identified in Part A uses loans or credit to finance the individuals♦ farming operation or purchase of land or equipment, but such financing is NOT acquired from, guaranteed by, co-signed by, or secured by any other individual, joint operation or entity then GO TO Part E. Check ♦YES♦, if the individual identified in Part A uses loans or credit to finance the individuals♦ farming operation or to purchase land or equipment and such financing was acquired from, guaranteed by, co-signed by, or secured by another individual, a joint operation or an entity with an interest in the farming operation of the individual identified in Part A, and complete Items 3A ♦ 3E.
3A - 3E If capital includes loans or credit that are guaranteed or secured by others♦	For each type of loan or credit used to finance the farming operation of the individual identified in Part A, and which are acquired from, guaranteed by, co-signed by, or secured by another individual, a joint operation or an entity, provide the following: A) The type of capital contribution (loan, line of credit, cash advance) B) Name of the source of the loan or credit C) Name of the guarantor D) Affiliation of the credit source or guarantor with the individual conducting the farming operation E) Percent of total capital represented by each line entry

Part E ♦ Equipment

1 Owned Equipment	Enter the percent of ALL equipment used in the farming operation which is owned by the individual identified in Part A. If the individual identified in Part A does not own any of the equipment
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	used in the farming operation, enter 0%.
2A ♦ 2C Leased Equipment	<p>If the individual identified in Part A does not lease equipment used in this farming operation, enter 0% and GO TO Part F.</p> <p>Enter information for ALL equipment used in the farming operation of the individual identified in Part A which is leased. ♦ For each type of equipment leased, enter the following:</p> <p>A) Percent of total equipment leased B) Name of the party or entity from whom equipment is leased C) Type of equipment leased. ♦</p>
2D Leased equipment and interest in farming operation	<p>If the individual identified in Part A leased equipment, indicate whether the equipment was leased from an individual or entity that has an interest in the farming operation of the individual identified in Part A.</p> <p>Check ♦ YES ♦ if the equipment was leased from an individual or entity that has an interest in the farming operation of the individual identified in Part A.</p> <p>Check ♦ NO ♦ if the equipment was not leased from an individual or entity that has an interest in the farming operation of the individual identified in Part A. ♦ GO TO Part F.</p>
3 Lease Agreement	<p>If the individual identified in Part A leased equipment from an individual or entity that has an interest in the farming operation ♦ identified in Part A, copies of lease agreements may be required for compliance purposes. ♦ ♦ GO TO Part F.</p>
Individual ♦s Name	Enter the individual identified in Part A at the top of the page.

Part F ♦ Custom Services

1 Utilization ♦ ♦ ♦ of custom services ♦	<p>Check ♦ NO ♦ if custom farming services will not be utilized in the farming operation of the individual identified in Part A, and GO TO Part G.</p> <p>Check ♦ YES ♦ if custom farming services will be utilized in the farming operation of the individual identified in Part A, and complete all items in Part F.</p>
1A ♦ 1D Custom services will be utilized ♦	<p>Utilization of custom services by the farming operation identified in Part A.</p> <p>Note: ♦ Does not apply:</p> <ul style="list-style-type: none"> ? to services for chemical and fertilizer application; ? to the harvesting of crops, <u>OR</u> ? if all the land in the farming operation is owned. <p>Provide the following information for all custom farming services utilized by the farming operation of the individual identified in Part A:</p> <p>A) Type of custom service (including, but not limited to: tillage,</p>

	planting, cultivating, chemical application, insect/pest scouting, etc.) B) Farm number(s) the service will be applied C) Total number of acres for which custom services will be used D) <input type="checkbox"/> Name of the custom farming service provider
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Part G Labor

1 Active Personal Labor	Enter the percent or number of hours of active personal labor the individual identified in Part A will personally provide to the farming operation of the individual identified in Part A. <input type="checkbox"/> If the individual identified in Part A will provide 1,000 hours or more, write <input type="checkbox"/>1,000<input type="checkbox"/> hours.
2 Hired Labor	Enter the percentage or number of hours of hired labor to be used in the farming operation of the individual identified in Part A.
2A Source of the hired labor and leased equipment <input type="checkbox"/>	Check <input type="checkbox"/> NO <input type="checkbox"/> if NONE of the hired labor for the farming operation of the individual identified in Part A originated from the source of leased equipment in Part E. Check <input type="checkbox"/> YES <input type="checkbox"/> if ANY of the hired labor for the farming operation of the individual identified in Part A originated from the source of leased equipment in Part E. <input type="checkbox"/> <i>Acceptable documentation of equipment lease and hired labor agreements may be required for compliance purposes.</i>
2B Source of the hired labor and custom services <input type="checkbox"/>	Check <input type="checkbox"/> NO <input type="checkbox"/> if NONE of the hired labor for the farming operation of the individual identified in Part A was included in the custom farming services shown in Part F. Check <input type="checkbox"/> YES <input type="checkbox"/> if ANY of the hired labor for the farming operation of the individual identified in Part A was included in the custom farming services shown in Part F. <input type="checkbox"/> <i>Acceptable documentation of custom services and hired labor agreements may be required for compliance purposes.</i>
3 Other Labor	Enter the percentage of the total hours required for the farming operation of the individual identified in Part A that is donated by family members or others, and which payment is not owned.

Part H - Management (The total percentage shown in items 1 3 must equal 100%.)

1A - 1B Active Personal Management	Enter the estimated percent of active personal management the individual identified in Part A personally provides to the farming operation. <input type="checkbox"/> Enter a brief description of the type of management duties the individual identified in Part A performs. <input type="checkbox"/>
2A- 2B Hired Management	Enter the estimated percent of hired management used by the farming operation of the individual identified in Part A. Briefly describe the type of management duties someone else is hired to

	perform for the farming operation of the individual identified in Part A. ❖
3A- 3B Other Management	<p>Enter the estimated percent of other management used by the farming operation of the individual identified in Part A.</p> <p>Enter any other person providing management without compensation for the farming operation of the individual identified in Part A. ❖ Briefly describe the management provided.</p>

Part I ❖ Certification

1 Signature (By)	<p>The individual identified in Part A, or an authorized representative of the individual identified in Part A, shall sign the certification.</p> <p>If you are mailing or faxing this form, print the form and manually enter your signature. If this form is approved for electronic transmission and you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office.</p>
2 Title/ Relationship	<p>If the individual identified in Part A signs the document, this field should be left blank.</p> <p>If an authorized representative for the individual identified in Part A signs this document, use this field to show the individual ❖s representative capacity. ❖ (For example, ❖agent❖ or ❖attorney-in-fact.❖)</p>
3 Date	Enter the date the form was signed.