**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.**

***Relateddefinitionsareprovidedonpage4oftheformtoassistinformcompletion.***

***Items1-3***

| **FldName/ItemNo.** | **Instruction** | |
| --- | --- | --- |
| 1  County | Enterthenameofthecontrolcountyfortheindividual. | |
| 2  State | Enterthenameofthestatewherethisindividualconductstheirfarmingoperation.GOTOPartA. | |
| 3  ProgramYear | Entertheprogram/cropyearforwhichtheinformationforthisfarmingoperationisbeingprovided. | |
| ***PartABasicInformation*** | | |
| 1  Individual’sNameandAddress | Enterthenameandaddress,includingzipcode,oftheindividual.  Iftheindividualconductsbusinessusinganassumedname,includetheassumedname.(Example:JohnDoe,dbaJohnDoeGrainFarms) | |
| 2  TaxIdentificationNumber | EnterthesocialsecurityortaxpayerIDnumberoftheindividual.  IfthecompletesocialsecurityortaxpayerIDnumberisonfilewithFSA,onlythelast4digitsarerequired.GOTOPartB. | |
| ***PartBAdditionalInformation*** | | |
| 1  U.S.citizen | ChecktheappropriateboxtoindicatecitizenshipstatusoftheindividualidentifiedinPartA.  IftheindividualidentifiedinPartAisaU.S.citizen,checkYESandGOTOItem4A.  IftheindividualidentifiedinPartAisnotaU.S.citizen,checkNOandGOTOItem2. | |
| 2  AlienStatus | ChecktheappropriateboxtoindicatealienstatusoftheindividualidentifiedinPartA.  CheckYESiftheindividualidentifiedinPartAisanalienlawfullyadmittedtotheU.S.andaResidentAlienCard,formI-551,waspresented.  CheckO iftheindividualidentifiedinPartAisnotaU.S.citizenandaResidentAlienCard,form1-551,isnotpresented. | |
| 3  ForCountyFSAUseOnly | ThisitemwillbecompletedbyFSA.  IftheindividualidentifiedinPartAinnotaU.S.citizenandform  I-551wasnotpresented,theindividualidentifiedinPartAwillbeconsideredaforeignpersonforpaymenteligibilityandpaymentlimitationpurposes. | |
| 4A  Individual Under18 | ChecktheappropriateboxtoindicatewhethertheindividualidentifiedinPartisaminorasofJune1oftheProgramYearenteredabove.�  Check NO if theindividualidentifiedinPartAwas18yearsofageorolderonJune1andGOTOPartC.  CheckYES iftheindividualidentifiedinPartwasyoungerthan18yearofageonJune1.ContinuewithItem4B. | |
| 4B  DateofBirth | IftheindividualidentifiedinPartAwasyoungerthan18yearsofageonJune1oftheprogramyear,enterthemonth,dayandyeartheindividualidentifiedinPartAwasborn. | |
| 5A 5C  Parentor Guardian Information | IftheindividualidentifiedinPartAisaminor,providethefollowinginformationabouttheindividual�sparentorlegalguardian:   1. Parent’s orguardian�sname 2. Parent’s orguardian�saddress 3. Last4digitsoftheparent�sorguardian�ssocialsecurityortaxpayerIDnumber,ifcompletetaxpayerIDnumberisonrecordwithFSA. | |
| 5D  Separate Residences | IftheindividualidentifiedinPartAisaminor,check�YES�or�NO�toindicatewhethertheindividualidentifiedinPartAmaintainsaseparatehouseholdfromyourparentorguardian. | |
| 6A 6D  ParentorGuardian’s Farming Interests | IftheindividualidentifiedinPartAisaminor,providethefollowinginformationabouttheparentorguardian�sinterestinfarmingoperations:   1. Parent’s orguardian’s name 2. Nameofparent’s orguardian’s farminginterest 3. Last4digitsofthetaxIDnumberofthefarminginterest,ifthecompletetaxpayerIDnumberisalreadyonrecordwithFSA. 4. County/statewherethefarminginterestislocated | |
| Individual’sName | EnterthenameoftheindividualidentifiedinPartAatthetopofthepage. | |
| ***PartC Land*** | | |
| 1A�1G  Land | EnterthefollowinginformationforALLlandthatisoperatedbytheindividualidentifiedinPartA:   1. Farmnumber 2. Stateandcountywherelocated 3. Checktheapplicableboxtoshowwhetherlandisowned,leasedtosomeone,orleasedfromandindividual,entity,orjointoperation 4. Nameoftheindividual,entityorjointoperationtowhomorfromwhomthelandthelandisleased 5. Acresownedorrentedonthefarm 6. Theperacreamountofcashrent,orthepercentageofthecropsharedwiththelandlord   **Note: Ifvlandiscash leased from an unrelatedindividualorentity,enter cash intheColumnF. Iflandiscashleasedfromanindividualorentitywithaninterestinthecroporcropproceeds,includetherentalratein$peracre.**   1. Checktheboxifyouhadthissamelandinterestinthepriorcropyear.   *Ifadditionalspaceisneededforland,completeandattachform CCC-902Continuation.*GOTOPartD. | |
| ***PartD CapitalSourcesandUses*** | | |
| 1  Sourcesofcapital... | IndicatethesourcesofoperatingcapitalforthefarmingoperationofindividualidentifiedinPartA. Checkallthetypesofcapitalthatapply. If Other�isindicated,pleasespecify.� | |
| 2  Contributionsofcapital,landorequipment.. | Checktheapplicableboxestoindicatewhethercapital,equipmentorlandcontributedbytheindividualidentifiedinPartAtothisfarmingoperationwasacquiredastheresultofaloanorcreditarrangement.  Check YES iftheindividualidentifiedinPartAacquiredcontributionsofcapital,equipmentorlandthroughloansorcreditarrangement,thenGOTOItem3.  Check NO iftheindividualidentifiedinPartAacquiredcontributionsofcapital,equipmentorlandthroughloansorcreditarrangement,thenGOTOPartE. | |
| 3  Ifcapitalincludesloansorcreditarrangement� | Check��NO�,iftheindividualidentifiedinPartAusesloansorcredittofinancetheindividuals�farmingoperationorpurchaseoflandorequipment,butsuchfinancingisNOTacquiredfrom,guaranteedby,co-signedby,orsecuredbyanyotherindividual,jointoperationorentitythenGOTOPartE.  Check�YES�,iftheindividualidentifiedinPartAusesloansorcredittofinancetheindividuals�farmingoperationortopurchaselandorequipmentandsuchfinancingwasacquiredfrom,guaranteedby,co-signedby,orsecuredbyanotherindividual,ajointoperationoranentitywithaninterestinthefarmingoperationoftheindividualidentifiedinPartA,andcompleteItems3A�3E. | |
| 3A-3E  Ifcapitalincludesloansorcreditthatareguaranteedorsecuredbyothers� | ForeachtypeofloanorcreditusedtofinancethefarmingoperationoftheindividualidentifiedinPartA,andwhichareacquiredfrom,guaranteedby,co-signedby,orsecuredbyanotherindividual,ajointoperationoranentity,providethefollowing:   1. Thetypeofcapitalcontribution(loan,lineofcredit,cashadvance) 2. Nameofthesourceoftheloanorcredit 3. Nameoftheguarantor 4. Affiliationofthecreditsourceorguarantorwiththeindividualconductingthefarmingoperation 5. Percentoftotalcapitalrepresentedbyeachlineentry | |
| ***PartE�Equipment*** | | |
| 1  OwnedEquipment | EnterthepercentofALLequipmentusedinthefarmingoperationwhichisownedbytheindividualidentifiedinPartA.  IftheindividualidentifiedinPartAdoesnotownanyoftheequipmentusedinthefarmingoperation,enter0%. | |
| 2A�2C  LeasedEquipment | IftheindividualidentifiedinPartAdoesnotleaseequipmentusedinthisfarmingoperation,enter0%andGOTOPartF.  EnterinformationforALLequipmentusedinthefarmingoperationoftheindividualidentifiedinPartAwhichisleased.�Foreachtypeofequipmentleased,enterthefollowing:   1. Percentoftotalequipmentleased 2. Nameofthepartyorentityfromwhomequipmentisleased 3. Typeofequipmentleased.� | |
| 2D  Leasedequipmentandinterestinfarmingoperation | IftheindividualidentifiedinPartAleasedequipment,indicatewhethertheequipmentwasleasedfromanindividualorentitythathasaninterestinthefarmingoperationoftheindividualidentifiedinPartA.  Check�YES�iftheequipmentwasleasedfromanindividualorentitythathasaninterestinthefarmingoperationoftheindividualidentifiedinPartA.  Check�NO�iftheequipmentwasnotleasedfromanindividualorentitythathasaninterestinthefarmingoperationoftheindividualidentifiedinPartA.�GOTOPartF. | |
| 3  LeaseAgreement | IftheindividualidentifiedinPartAleasedequipmentfromanindividualorentitythathasaninterestinthefarmingoperation�identifiedinPartA,copiesofleaseagreementsmayberequiredforcompliancepurposes.��GOTOPartF. | |
| Individual�sName | EntertheindividualidentifiedinPartAatthetopofthepage. | |
| ***PartF�CustomServices*** | | |
| 1  Utilization���ofcustomservices� | Check�NO�ifcustomfarmingserviceswillnotbeutilizedinthefarmingoperationoftheindividualidentifiedinPartA,andGOTOPartG.  Check�YES�ifcustomfarmingserviceswillbeutilizedinthefarmingoperationoftheindividualidentifiedinPartA,andcompleteallitemsinPartF. | |
| 1A�1D  Customserviceswillbeutilized� | UtilizationofcustomservicesbythefarmingoperationidentifiedinPartA.  **Note:**�Doesnotapply:   * toservicesforchemicalandfertilizerapplication; * totheharvestingofcrops,*OR* * ifallthelandinthefarmingoperationisowned.   ProvidethefollowinginformationforallcustomfarmingservicesutilizedbythefarmingoperationoftheindividualidentifiedinPartA:   1. Typeofcustomservice(including,butnotlimitedto:tillage,planting,cultivating,chemicalapplication,insect/pestscouting,etc.) 2. Farmnumber(s)theservicewillbeapplied 3. Totalnumberofacresforwhichcustomserviceswillbeused   D)�Nameofthecustomfarmingserviceprovider | |
| ***PartG�Labor*** | | |
| 1  ActivePersonalLabor | EnterthepercentornumberofhoursofactivepersonallabortheindividualidentifiedinPartAwillpersonallyprovidetothefarmingoperationoftheindividualidentifiedinPartA**.�IftheindividualidentifiedinPartAwillprovide1,000hoursormore,write�1,000�hours**. | |
| 2  HiredLabor | EnterthepercentageornumberofhoursofhiredlabortobeusedinthefarmingoperationoftheindividualidentifiedinPartA. | |
| 2A  Sourceofthehiredlaborandleasedequipment� | Check�NO�ifNONEofthehiredlaborforthefarmingoperationoftheindividualidentifiedinPartAoriginatedfromthesourceofleasedequipmentinPartE.  Check�YES�ifANYofthehiredlaborforthefarmingoperationoftheindividualidentifiedinPartAoriginatedfromthesourceofleasedequipmentinPartE.�  *Acceptabledocumentationofequipmentleaseandhiredlaboragreementsmayberequiredforcompliancepurposes.* | |
| 2B  Sourceofthehiredlaborandcustomservices� | Check�NO�ifNONEofthehiredlaborforthefarmingoperationoftheindividualidentifiedinPartAwasincludedinthecustomfarmingservicesshowninPartF.  Check�YES�ifANYofthehiredlaborforthefarmingoperationoftheindividualidentifiedinPartAwasincludedinthecustomfarmingservicesshowninPartF.  �  *Acceptabledocumentationofcustomservicesandhiredlaboragreementsmayberequiredforcompliancepurposes.* | |
| 3  OtherLabor | EnterthepercentageofthetotalhoursrequiredforthefarmingoperationoftheindividualidentifiedinPartAthatisdonatedbyfamilymembersorothers,andwhichpaymentisnotowned. | |
| ***PartH-Management****(Thetotalpercentageshowninitems1�3mustequal100%.)* | | |
| 1A-1B  ActivePersonalManagement | EntertheestimatedpercentofactivepersonalmanagementtheindividualidentifiedinPartApersonallyprovidestothefarmingoperation.�  EnterabriefdescriptionofthetypeofmanagementdutiestheindividualidentifiedinPartAperforms.� | |
| 2A-2B  HiredManagement | EntertheestimatedpercentofhiredmanagementusedbythefarmingoperationoftheindividualidentifiedinPartA.  BrieflydescribethetypeofmanagementdutiessomeoneelseishiredtoperformforthefarmingoperationoftheindividualidentifiedinPartA.� | |
| 3A-3B  OtherManagement | EntertheestimatedpercentofothermanagementusedbythefarmingoperationoftheindividualidentifiedinPartA.  EnteranyotherpersonprovidingmanagementwithoutcompensationforthefarmingoperationoftheindividualidentifiedinPartA.�Brieflydescribethemanagementprovided. | |
| ***PartI�Certification*** | | |
| 1  Signature(By) | | TheindividualidentifiedinPartA,oranauthorizedrepresentativeoftheindividualidentifiedinPartA,shallsignthecertification.  Ifyouaremailingorfaxingthisform,printtheformandmanuallyenteryoursignature.IfthisformisapprovedforelectronictransmissionandyouhaveestablishedcredentialswithUSDAtosubmitformselectronically,usethebuttonsprovidedontheformfortransmittingtheformtotheUSDAservicingoffice. |
| 2  Title/Relationship | | IftheindividualidentifiedinPartAsignsthedocument,thisfieldshouldbeleftblank.  IfanauthorizedrepresentativefortheindividualidentifiedinPartAsignsthisdocument,usethisfieldtoshowtheindividual�srepresentativecapacity.�(Forexample,�agent�or�attorney-in-fact.�) |
| 3  Date | | Enterthedatetheformwassigned. |
|  |  |  |