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(See Page 4 for Privacy Act Statement)

CCC-902I (01-07-21)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

FARM OPERATING PLAN FOR AN INDIVIDUAL

For "actively engaged in farming" and other payment eligibility and limitation determinations.

1. County	3. Program Year
2. State	

*This form is to be completed by, or on behalf of, an individual who is seeking benefits from the Farm Service Agency (FSA) as an **individual** (and not as part of an entity) under one or more programs that are subject to the regulations at 7 CFR Part 1400. This form collects farming and other information about the individual who receives program benefits **directly** using the social security number identified in Part A. Payment eligibility for the individual is based upon the contribution level of certain inputs to a farming operation such as land, capital, equipment, labor, and management by the individual identified in Part A. The information on this form will be used by FSA to determine payment eligibility and limitation of payments by direct attribution.*

PART A – BASIC INFORMATION

1. Individual 's Name and Address *(Include Zip Code)*	2. Social Security Number *(If the social security number or taxpayer ID number is on file, only the last 4 digits are required)*

PART B - ADDITIONAL INFORMATION

1. Is this individual a U.S. citizen?	2. Is this individual an alien lawfully admitted into the U.S.?	3. FOR COUNTY FSA USE ONLY *(Was a Resident Alien Card, I-551 shown?)*
☐ YES. Go to Item 4A ☐ NO. Go to Item 2	☐ YES, must present a Resident Alien Card (I-551). ☐ NO	☐ YES ☐ NO

MINORS

4A. Is this individual under 18 years of age as of June 1 of the program year that is specified in Item 3? ☐ NO. Go to Part C ☐ YES, continue with Item 4B	4B. Enter Date of Birth *(MM-DD-YYYY)*

5. Enter the name, address, and social security number of parent or guardian:

A. Parent's or Guardian's Name	B. Parent's or Guardian's Address	C. Social Security Number of Parent or Guardian *(If the social security number or taxpayer ID number is on file, only the last 4 digits are required)*

D. Does this individual maintain a separate household from parent or guardian? ☐ **YES** ☐ **NO**

6. List the direct and indirect interests in all farming operations of this individual's parents or guardians:

A. Parent's or Guardian's Name	B. Name of Farming Interest	C. Tax ID Number of Farming Interest *(If the social security number or taxpayer ID number is on file, only the last 4 digits are required)*	D. County and State Where Farming Interest is Located

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 http://www.ascr.usda.gov/complaint_filing_cust.html 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: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

Date Stamp

INSTRUCTIONS FOR PARTS C THROUGH H. Only include information for the individual identified in Part A.

PART C - LAND

1. **Land:** Enter the following information for ALL land farmed by the individual identified in Part A and not as part of an entity. ***If land is cash leased from an individual or entity with an interest in the crop or crop proceeds, include the rental rate in $/acre Column F; otherwise enter "cash."***

A. Farm No.	B. Location *(County and State)*	C. Check As Applicable			D. Name of Individual or Entity Whom Land is Leased to and/or From *(Includes names of landowners and landlords)*	E. Acres Owned or Leased	F. Rental Rate $ per Acre or % of Crop Share	G. Check here if same land interest was held last year
		Owned	Leased To	Leased From				
		☐	☐	☐				☐
		☐	☐	☐				☐
		☐	☐	☐				☐
		☐	☐	☐				☐
		☐	☐	☐				☐
		☐	☐	☐				☐

For additional space for land, complete CCC-902 Continuation and attach to this form. Check here ☐ if attached.

PART D – CAPITAL SOURCES and USES

1. Indicate the source of all farming capital for the individual identified in Part A for the farms listed in Part C. *(Check all that apply.)*

☐ Non-borrowed capital ☐ Private loans/credit ☐ FSA program payments
☐ Commercial loans/credit ☐ Other: _____

2. Will contributions of capital, farming equipment or land be acquired as a result of a loan or credit arrangement?

☐ YES go to Item 3 ☐ NO go to Part E

3. W ill such loan or credit be acquired from, guaranteed by, co-signed by, or secured by another individual or entity that has an interest in the farming operation identified in Part A? *(Such interest may be as a landowner or another tenant.)*

☐ YES. Complete Items 3A through 3E ☐ NO. Go to Part E.

A. Type of Contribution	B. Name of Loan or Credit Source	C. Guarantor's Name	D. Credit Source or Guarantor's Affiliation or Interest in the Farming Operation	E. Percent of Total Capital
				%
				%

PART E - EQUIPMENT *(All percentages are based on annual rental values.)*

1. **Owned Equipment**: Enter the percent of ALL equipment owned by the individual identified in Part A that will be used on the farms listed in Part C? If the individual specified in Part A does not own any of the equipment used in the farming operation, enter 0%. _____ %

2. **Leased Equipment**: Enter the following information for ALL leased equipment to be used by the individual identified in Part A on the farms listed in Part C. If leased equipment is not used in this farming operation, enter 0%.

A. Percent of Total Equipment Used by the Individual	B. Name of Party/Entity Equipment is Leased From	C. Type of Equipment Leased	D. Does the Party/Entity the equipment is leased from have an interest in this farming operation?
%			☐ YES ☐ NO
%			☐ YES ☐ NO
%			☐ YES ☐ NO

3. Lease agreements: If Item 2D is "YES," copies of lease agreement and documentation may be required for compliance purposes. GO TO Part F.

PART F - CUSTOM SERVICES

1. Will custom services be utilized by the individual identified in Part A on the farms listed in Part C?

☐ NO. Go to Part G ☐ YES, complete Items 1A through 1D of this Part.

A. Type of Services	B. Farm Number(s)	C. Number of Acres	D. Name of Provider

PART G – LABOR

For the farms listed in Part C, enter the information for contributions of active personal labor which will be provided by the individual identified in Part A, hired laborers; or by others:

Type	Amount
1. **Active personal labor**. Enter the percentage or hours to be provided by the individual identified in Part A. If the individual identified in Part A performs 1,000 or more hours of labor for this farming operation, enter "1,000" hours.	% / hrs
2. **Hired labor**. Enter the percentage or hours of labor that will be hired.	% / hrs

A. Will any of the hired labor originate from the same source as leased equipment shown in Part E?

☐ NO ☐ YES *If "YES", acceptable documentation to prove such relationship may be required for compliance purposes.*

B. Will any of the hired labor be included in the custom farming services shown in Part F?

☐ NO ☐ YES *If "YES", acceptable documentation to prove such relationship may be required for compliance purposes.*

3. **Other labor.** Enter the percentage of labor to be donated by family members or others. *(No payment will be owed).* %

PART H – MANAGEMENT *(The total percentage shown in Items 1 through 3 must equal 100%)*

For the farms listed in Part C, enter the percentage or hours of the individual's total management responsibility and the type of managerial duties required which will be provided by the individual identified in Part A, by hired persons or entities, or by others who are not hired.

1. **Active personal management:**
   A. Enter the percent of active personal management to be provided by the individual identified in Part A: _____ %
   B. List the type of managerial duties/activities to be personally performed by the individual identified in Part A:

2. **Hired management:**
   A. Enter the percent of hired management: _____ %
   B. Describe any paid management services provided by someone other than the individual identified in Part A:

3. **Other management:**
   A. Enter the percent of other management: _____ %
   B. Describe any non -compensated management duties/activities provided by someone other than the individual identified in Part A:

PART I – CERTIFICATION

I certify that all the information entered on this document and any supporting documentation is true and correct. I understand furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operation. By signing this form, I acknowledge that:

- *all supporting documentation has been submitted as required.*
- *I have read and understand all definitions and requirements on Page 4.*
- *all information contained on this form will be considered in effect continuously unless changes or revisions are submitted.*
- *it is my responsibility to timely notify FSA in writing of any changes in the farming, ranching or forestry operation, or financial status that may affect these representations.*
- *evidence such as tax records, certified public accountant's certification, or other documentation may be required to validate these representations and that I will take all necessary actions to provide such materials to FSA if requested.*

1. Signature (By)	2. Title/Relationship of the Individual Signing in Representative Capacity	3. Date *(MM-DD-YYYY)*

DEFINITIONS

The following definitions apply to Form CCC-902I.

1. **ACTIVELY ENGAGED IN FARMING –** means providing both: 1) significant contributions of capital, equipment, or land, or combination thereof to the farming operation; and 2) significant contributions of active personal labor or active personal management, or a combination thereof, to the farming operation as described. Further, for a person or legal entity to be considered actively engaged in farming for program payment purposes, the contributions of the person or legal entity must be at-risk and commensurate with the person's or legal entity's claimed share of the profit and loss of the farming operation. Failure to meet these requirements will result in the determination of ineligibility for payments under programs specified in 7 CFR Part 1400.

2. **INTEREST IN A FARMING OPERATION** – a person or legal entity is considered to have an interest in this farming operation if the person or legal entity owns or rents land to this farming operation; or has an interest in the crop or crop proceeds from this farming operation; or is a member of a joint operation that either owns or rents land to this farming operation, or has an interest in the crop or crop proceeds from this farming operation.

3. **JOINT OPERATION** - is a general partnership, joint venture, or similar organization.

4. **PERSON** – is a natural person (an individual) and does not include a legal entity.

5. **ACTIVE PERSONAL LABOR** – a person is considered to be providing active personal labor with respect to a farming operation if that person is directly and personally providing physical activities necessary to conduct the farming operation, including land preparation, planting, cultivating, harvesting, and marketing of agricultural commodities. Other qualifying physical activities include establishing and maintaining conserving covers and those physical activities necessary for livestock production for the farming operation.

6. **ACTIVE PERSONAL MANAGEMENT** – a person is considered to be providing active personal management with respect to a farming operation if that person is directly and personally providing the general supervision and direction of activities and labor involved in the farming operation; or providing services (whether performed on-site or off-site) reasonably related and necessary to the farming operation. The management activities must be critical to the profitability of the farming operation and performed under one or more of the following categories: 1) Capital which includes arranging financing and managing capital; acquiring equipment; acquiring land and negotiating leases; managing insurance and participating in USDA programs; 2) Labor which includes hiring and managing of hired labor; 3) Agronomics and marketing which includes selecting crops and making planting decisions; acquiring and purchasing of crop inputs; managing crops and making harvesting decisions; pricing and marketing of crop production.

7. **CAPITAL** – with respect to a farming operation is the funding provided by a person or legal entity to the farming operation in order for such operation to conduct farming activities. To be considered a significant contribution for a person or legal entity, the capital must have been derived from a fund or account separate and distinct from that of any other person or entity with an interest in the farming operation. A significant contribution of capital does not include the value of any labor or management which is contributed to the farming operation. A capital contribution may be a direct non-borrowed (out-of-pocket) input of a specified sum or an amount borrowed by the person or entity. Capital does not include advance program payments.

8. **CONTRIBUTION –** with respect to a farming operation is the provision of land, capital or equipment assets, and providing active personal labor, or active personal management to the farming operation in exchange for, or the expectation of, deriving benefits based solely on the success of the farming operation. Contributions must be "significant".

9. **CUSTOM SERVICES** – with respect to a farming operation is the hiring of a contractor or vendor that is in the business of providing such specialized services to perform services for the farming operation in exchange for the payment of a fee for such services performed.

10. **ENTITY** - is a corporation, joint stock company, limited liability company, association, limited partnership, limited liability partnership, irrevocable trust, revocable trust, estate, charitable organization, or other similar organization including any such organization participating in the farming operation as a partner in a general partnership, participant in a joint venture, a grantor of a revocable trust, or as a participant in a similar organization.

11. **EQUIPMENT** – with respect to a farming operation is the machinery and implements needed to conduct activities of the farming operation including machinery and implements used for land preparation, planting, cultivating, harvesting or marketing crops. Equipment also includes machinery and implements needed to establish and maintain conserving covers.

12. **FAMILY MEMBER** – a person is considered to be a family member of another person in the farming operation if that person is related to the other person as a lineal ancestor, lineal descendant, sibling, 1st cousin, niece, nephew, spouse, or otherwise by marriage. This relationship includes great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grandchild, great grandchild, sibling, 1st cousin, niece, nephew, aunt, uncle or spouse of family member in the farming operation.

13. **FARMING OPERATION** - is a business enterprise engaged in the production of agricultural products which is operated by a person or legal entity which is eligible to receive payments, directly or indirectly.

14. **LAND** – with a respect to a contribution to a farming operation is farmland consisting of cropland, pastureland, wetland, or rangeland which meets the specific requirements of the applicable program for which payments or benefits are sought.

15. **SUPPORTING DOCUMENTATION** – is any information that supports the relevant representations made such as, but not limited to: articles of incorporation; corporate meeting minutes; stock certificates; organizational papers; trust agreement; last will or testament or a deceased individual; affidavit of heirship approved by Office of General Counsel; partnership agreement; property lease agreement; purchase agreement; land deed; lending security agreement; and financial statement.

16. All other terms utilized in this form shall be defined pursuant to 7 CFR Part 1400.

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 7 CFR Part 1400, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (Pub. L. 113-79), and the Agriculture Improvement Act of 2018 (Pub. L. 115-334). The information will be used to identify the farm operating plan data needed to determine an individual's eligibility for program benefits. 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). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.*

***Paperwork Reduction Act (PRA) Statement**: This information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B).*

Public Burden Statement:** For CFAP 2.0 and QLA only, public reporting burden for this collection is estimated to average 30 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection, or USDA may not conduct or sponsor a collection of information unless it displays a valid OMB control number. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.* ***RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.