

Instructions for CCC-902I

FARM OPERATING PLAN FOR AN PERSON

This form is used to collect information about persons (individuals) that is used by FSA to determine eligibility for payments. This form is designed for persons using a social security number and requesting program payments as a person 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 recording county for the person.
2 State	Enter the name of the state where this person conducts their farming operation.
3 Program Year	Enter the program/crop year for which the information for this farming operation is being provided. GO TO Part A.

Part A – Basic Information

1 Person's Name and Address	Enter the name and address, including zip code, of the person. If the person 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 person. 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.

Fld Name / Item No.	Instruction
---------------------	-------------

Part B – Additional Information

1 U.S. citizen	<p>Check the appropriate box to indicate citizenship status of the person identified in Part A.</p> <p>If the person identified in Part A is a U.S. citizen, check “YES” and GO TO Item 4A.</p> <p>If the person identified in Part A is not a U.S. citizen, check “NO” and GO TO Item 2.</p>
2 Alien Status	<p>Check the appropriate box to indicate alien status of the person identified in Part A.</p> <p>Check “YES” if the person 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 “NO” if the person identified in Part A is not a U.S. citizen and a Resident Alien Card, form I-551, is not presented.</p>
3 For County FSA Use Only	<p>This item will be completed by FSA.</p> <p>If the person identified in Part A is not a U.S. citizen and form I-551 was not presented, the person identified in Part A will be considered a foreign person for payment eligibility and payment limitation purposes.</p>
4A Person Under 18...	<p>Check the appropriate box to indicate whether the person identified in Part A is a minor as of June 1 of the Program Year entered in Item 3.</p> <p>Check “NO” if the person identified in Part A was 18 years of age or older on June 1 and GO TO Part C.</p> <p>Check “YES” if the person identified in Part A was younger than 18 year of age on June 1. Continue with Item 4 B.</p>
4B Date of Birth	<p>If the person 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 person identified in Part A was born.</p>
5A – 5C Parent or Guardian Information...	<p>If the person identified in Part A is a minor, provide the following information about the person’s parent or legal guardian:</p> <ul style="list-style-type: none"> A) Parent’s or guardian’s name B) Parent’s or guardian’s address C) Last 4 digits of the parent’s or guardian’s social security or taxpayer ID number, if complete taxpayer ID number is on record with FSA.

Fld Name / Item No.	Instruction
5D Separate Residences...	If the person identified in Part A is a minor, check “YES” or “NO” to indicate whether the person identified in Part A maintains a separate household from your parent or guardian.
6A – 6D Parent or Guardian’s Farming Interests...	If the person identified in Part A is a minor, provide the following information about the parent or guardian’s interest in farming operations: A) Parent’s or guardian’s name B) Name of parent’s or guardian’s farming interest C) Last 4 digits of the tax ID number of the farming interest, if the complete taxpayer ID number is already on record with FSA. D) County/state where the farming interest is located
Person’s Name	Enter the name of the person identified in Part A at the top of the page. GO TO Part C

Part C – Land

1A – 1G Land	Enter the following information for ALL land that is owned or operated by the person identified in Part A: A) Farm number B) State and county where located C) Check the applicable box to show whether land is owned, leased to someone, or leased from and person, entity, or joint operation D) Name of the person, legal entity or joint operation to whom or from whom the land the land is leased E) Acres owned or rented on the farm F) The per acre amount of cash rent, or the percentage of the crop shared with the landlord Note: If land is cash leased from a person or legal entity, enter “cash” in the Column F. If land is cash leased from a person or legal entity with an interest in the crop or crop proceeds, include the rental rate in \$ per acre. G) Check the box if you had this same land interest in the prior crop year. <i>If additional space is needed for land, complete and attach form CCC-902 Continuation. GO TO Part D.</i>
-----------------	--

Part D – Capital Sources and Uses

1 Sources of capital	Indicate the sources of operating capital for the farming operation of person 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 person identified in Part A to this farming operation was acquired as the result of a loan or credit arrangement.

Fld Name / Item No.	Instruction
	<p>Check “YES” if the person identified in Part A acquired contributions of capital, equipment or land through loans or credit arrangement, then GO TO Item 3.</p> <p>Check “NO” if the person identified in Part A acquired contributions of capital, equipment or land through loans or credit arrangement, then GO TO Part E.</p>
<p>3 If capital includes loans or credit arrangement</p>	<p>Check “NO”, if the person identified in Part A uses loans or credit to finance the persons’ 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 person, joint operation or entity then GO TO Part E.</p> <p>Check “YES”, if the person identified in Part A uses loans or credit to finance the persons’ farming operation or to purchase land or equipment and such financing was acquired from, guaranteed by, co-signed by, or secured by another person, a joint operation or an entity with an interest in the farming operation of the person identified in Part A, and complete Items 3A – 3E.</p>
<p>3A - 3E If capital includes loans or credit that are guaranteed or secured by other</p>	<p>For each type of loan or credit used to finance the farming operation of the person identified in Part A, and which are acquired from, guaranteed by, co-signed by, or secured by another person, a joint operation or an entity, provide the following:</p> <ul style="list-style-type: none"> 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 person conducting the farming operation E) Percent of total capital represented by each line entry

Part E – Equipment

<p>1 Owned Equipment</p>	<p>Enter the percent of ALL equipment used in the farming operation which is owned by the person identified in Part A.</p> <p>If the person identified in Part A does not own any of the equipment used in the farming operation, enter 0%.</p>
<p>2A – 2C Leased Equipment</p>	<p>If the person identified in Part A does not lease equipment used in this farming operation, enter 0% and GO TO Part F.</p>

Fld Name / Item No.	Instruction
	<p>Enter information for ALL equipment used in the farming operation of the person 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 person or entity from whom equipment is leased C) Type of equipment leased.</p>
<p>2D Leased equipment and interest in farming operation</p>	<p>If the person identified in Part A leased equipment, indicate whether the equipment was leased from a person or entity that has an interest in the farming operation of the person identified in Part A.</p> <p>Check “YES” if the equipment was leased from a person or entity that has an interest in the farming operation of the person identified in Part A.</p> <p>Check “NO” if the equipment was not leased from a person or entity that has an interest in the farming operation of the person identified in Part A. GO TO Part F.</p>
<p>3 Lease Agreement</p>	<p>If the person identified in Part A leased equipment from a person 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>
<p>Person’s Name</p>	<p>Enter the person identified in Part A at the top of the page.</p>

Part F – Custom Services

<p>1 Utilization of custom services...</p>	<p>Check “NO” if custom farming services will not be utilized in the farming operation of the person 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 person identified in Part A, and complete all items in Part F.</p>
<p>1A – 1D Custom services will be utilized</p>	<p>Utilization of custom services by the farming operation identified in Part A.</p> <p>Provide the following information for all custom farming services utilized by the farming operation of the person identified in Part A:</p> <p>A) Type of custom service (including, but not limited to: tillage, 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) Name of the custom farming service provider</p>

Fld Name / Item No.	Instruction
---------------------	-------------

Part G – Labor (Items 1, 2 and 3 must total 100 percent)

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

Part H - Management (Items 1, 2 and 3 must total 100%.)

1A - 1B Active Personal Management	<p>Enter the estimated percent of active personal management the person identified in Part A personally provides to the farming operation.</p> <p>Enter a brief description of the type of management duties the person identified in Part A performs.</p>
2A- 2B Hired Management	Enter the estimated percent of hired management used by the farming operation of the person identified in Part A.

Fld Name / Item No.	Instruction
	Briefly describe the type of management duties someone else is hired to perform for the farming operation of the person identified in Part A.
3A- 3B Other Management	Enter the estimated percent of other management used by the farming operation of the person identified in Part A. Enter any other person providing management without compensation for the farming operation of the person identified in Part A. Briefly describe the management provided.

Part I – Certification

1 Signature (By)	The person identified in Part A, or an authorized representative of the person identified in Part A, shall sign the certification. 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.
2 Title/ Relationship	If the person identified in Part A signs the document, this field should be left blank. If an authorized representative for the person identified in Part A signs this document, use this field to show the person’s representative capacity. (For example, “agent” or “attorney-in-fact.”)
3 Date	Enter the date the form was signed.