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CCC-580 (03-13-14)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. State Code	2. County Code
MILK INCOME LOSS CONTRACT (MILC)			
<i>(See Page 2 for Privacy Act and Paperwork Reduction Act Statements)</i>			

3. Name and Address of Dairy Operation <i>(Including Zip Code)</i>	4. Contract Number	5. Date Contract Submitted <i>(MM-DD-YYYY)</i>
6A. Contact Producer's Name and Address <i>(Including Zip Code) (If different than Item 3)</i>	6B. Telephone Number <i>(Including Area Code)</i>	6C. Cell Telephone Number <i>(Including Area Code)</i>

PART A – FY 2008 – 2014 MILC PRODUCTION START MONTH

If this contract is submitted within 30 days of the time at which CCC begins accepting contracts, the dairy operation can select any month preceding the month the contract is submitted or any month thereafter, as the FY 2009 production start month, including the month the contract is submitted. A dairy operation that submits this contract 30 days after CCC begins accepting contracts, may select as their production start month, either (1) the month the contract is submitted OR (2) any month after the contract is submitted in the fiscal year that has not begun or has not passed, and that selection must be made on or before the 14th of the month before the month the dairy operation wants to select as their production start month. The MILC Program will terminate the earlier of the date the Margin Protection Program is operational or September 1, 2014.

FY 2010	Oct. 09	Nov. 09	Dec. 09	Jan. 10	Feb. 10	Mar. 10	Apr. 10	May 10	Jun. 10	Jul. 10	Aug. 10	Sept. 10
7. Check Start Month												
8. Production												
FY 2011	Oct. 10	Nov. 10	Dec. 10	Jan. 11	Feb. 11	Mar. 11	Apr. 11	May 11	Jun. 11	Jul. 11	Aug. 11	Sept. 11
9. Check Start Month												
10. Production												
FY 2012	Oct. 11	Nov. 11	Dec. 11	Jan. 12	Feb. 12	Mar. 12	Apr. 12	May 12	Jun. 12	Jul. 12	Aug. 12	Sept. 12
11. Check Start Month												
12. Production												
FY 2013	Oct. 12	Nov. 12	Dec. 12	Jan. 13	Feb. 13	Mar. 13	Apr. 13	May 13	Jun. 13	Jul. 13	Aug. 13	Sept. 13
13. Check Start Month												
14. Production												
FY 2014	Oct. 13	Nov. 13	Dec. 13	Jan. 14	Feb. 14	Mar. 14	Apr. 14	May 14	Jun. 14	Jul. 14	Aug. 14	
15. Check Start Month												
16. Production												

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

PART B – PARTICIPANT’S SIGNATURE(S)

This Contract to Participate in the Milk Income Loss Contract Program is entered into between the CCC and the undersigned producers in the dairy operation identified above. The undersigned producer or producers may hereafter collectively be referred to as "the Participant." The Participant agrees to comply with the terms and conditions contained in this Contract including the Appendix to this Contract, CCC-580 Appendix, entitled "Appendix to Form CCC-580 Milk Income Loss Contract" (referred to as "Appendix"). By signing this contract the Participant agrees to participate in the Milk Income Loss Contract program for the stipulated contract period from the date the Contract is executed by the CCC. By signing below, the Participant (1) acknowledges receipt of the CCC-580 Appendix, and agrees to abide by the terms and conditions contained therein; and (2) agrees to comply with the regulations governing the applicable program eligibility and maximum eligible production provisions per dairy operation. This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability. The terms and conditions of this contract are contained in this form CCC-580 and in the CCC-580 Appendix and any addendum thereto. **BY SIGNING THIS CONTRACT, PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORM: CCC-580 Appendix.**

17A. Producer's Signature (By)	17B. Title/Relationship of Individual Signing in the Representative Capacity	18. Producer's ID No.	19. Date (MM-DD-YYYY)	20. Share %	21. Refuse Payment	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO

PART C - PRODUCTION EVIDENCE

Check the appropriate box to authorize or not authorize FSA County Office to accept production evidence directly from the milk cooperative or handler for the dairy operation.

- 22A. **“YES”**, I authorize _____, milk cooperative or handler to release evidence of my monthly milk marketings for the dairy operation identified in Item 3 above, directly to my FSA County Office, for purposes of the MILC program.
- 22B. **"NO"**, I do not authorize the release of production evidence from any milk cooperative or handler to my county office. I will provide required production evidence, as applicable to the county office.

PART D – CCC ACCEPTANCE AND APPROVAL

23A. Signature of COC Designee		23B. Title	23C. Date (MM-DD-YYYY)
24. Contract Status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	25A. Name and Address of County FSA Office (Including Zip Code)		25B. Telephone Number (Including Area Code)
26. Remarks:			

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 1430, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246) as amended by the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to process a producer's request to enter into a Milk Income Loss Contract. The information collected on the 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 an inability to process a producer's request to enter into a Milk Income Loss Contract.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F – Administration).

The provisions of criminal, civil, and privacy statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**