OMB Control No. 0560-0292
OMB Expiration Date: 02-28-2019

This form is available electronically. *(See Page 2 for Privacy Act and Paperwork Reduction Act Statements)*

CCC-910
(09-21-18)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

2018 MARKET FACILITATION PROGRAM (MFP) APPLICATION

PART A – RECORDING COUNTY OFFICE *(FOR COC USE ONLY)*

1A. Recording State & County Office Name	1B. Recording County Office Address	1C. Recording County Office Telephone No. *(Include Area Code)*
		1D. Recording County Office Fax No. *(Include Area Code)*

PART B - PRODUCER CONTACT INFORMATION

2A. Producer Name	2B. Producer Address	2C. Contact Producer's Name
		2D. Contact Producer's Telephone No. (*Include Area Code)*

PART C – PRODUCTION INFORMATION

3. Commodity	4. Unit of Measure	5. Actual Production (Producer's Share)	6. Source of Production Evidence	7. Producer's Signature (By)	8. Title/Relationship of Individual Signing in the Representative Capacity	9. Date *(MM-DD-YYYY)*	COC USE ONLY 10. Adjusted Production
CORN	bushels						
COTTON	pounds						
SORGHUM	bushels						
SOYBEANS	bushels						
WHEAT	bushels						
DAIRY (MPP historical production)	cwt						
HOGS (7/15/18 - 8/15/18 Inventory)	head						
FRESH SWEET CHERRIES	pounds						
SHELLED ALMONDS	pounds						

PART D – PRODUCER CERTIFICATION

The undersigned certifies that all the information entered on this form, whether personally entered by the undersigned or not, or by someone else, is true and correct. The undersigned certifies and acknowledges that the production on this form is accurately identified by the producer and represents only the producer's share of total production for the year shown. The undersigned understands that the information entered on this form is subject to verification by spot-check. Failure to certify any of the information on this form and application accurately may result in a loss of program benefits. Additionally, by signing this form, the undersigned authorizes the purchaser, warehouse operator, ginner, or any person who otherwise, stores or purchases crop production listed on this form to disclose the production records of such crops to USDA representatives for the purpose of verification. The undersigned (1) agrees to comply with all terms and conditions associated with MFP as stated in 7 CFR Part 1409 and notice of funds availability; and (2) will maintain and provide verifiable and reliable production evidence upon request.

11A. Producer's Signature (By)	11B. Title/Relationship of Individual Signing in the Representative Capacity	11C. Date *(MM-DD-YYYY)*

PART E – COC DETERMINATION *(FOR COC USE ONLY)*

12. Commodity	13A. Signature of COC Representative	13B. Title/Position of COC Representative	13C. Date *(MM-DD-YYYY)*	14. Action
CORN				☐ APPROVED ☐ DISAPPROVED
COTTON				☐ APPROVED ☐ DISAPPROVED
SORGHUM				☐ APPROVED ☐ DISAPPROVED
SOYBEANS				☐ APPROVED ☐ DISAPPROVED
WHEAT				☐ APPROVED ☐ DISAPPROVED
DAIRY				☐ APPROVED ☐ DISAPPROVED
HOGS				☐ APPROVED ☐ DISAPPROVED
FRESH SWEET CHERRIES				☐ APPROVED ☐ DISAPPROVED
SHELLED ALMONDS				☐ APPROVED ☐ DISAPPROVED
				☐ APPROVED ☐ DISAPPROVED
				☐ APPROVED ☐ DISAPPROVED

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 Sec. 5 of the Commodity Credit Corporation Act [15 U.S.C. 714 et seq.]. The information will be used to determine producer eligibility to participate in and receive benefits under the Market Facilitation Program. 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility concerning the processing of the Market Facilitation Program payment request.*

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0292. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. ***RETURN COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

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.