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CCC-580 (08-08-02)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995.
<h2 style="margin: 0;">MILK INCOME LOSS CONTRACT (MILC)</h2>		

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171). The information requested is necessary for CCC to consider and process the offer to enter into a Milk Income Loss Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for certain program benefits and other financial assistance administered by USDA. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

PART A - GENERAL INFORMATION

1A. Name of Dairy Operation (Prepare 1 contract per dairy operation)	2. State Code	3. County Code	4. Contract Number	5. Contract Period
1B. Farm Number:				FROM: (MM-DD-YYYY)
				TO: 09-30-2005
6A. Contact Producer's Name and Address (Including ZIP Code)			7A. Name and Address of County FSA Office (Including ZIP Code)	
6B. Telephone Number (Including Area Code):			7B. Telephone Number (Including Area Code):	

PART B - PARTICIPANT SIGNATURE(S)

THIS CONTRACT TO PARTICIPATE is entered into between the Commodity Credit Corporation (referred to as "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 FORMS: CCC-580 Appendix and any addendum thereto.**

8. Producer's Signature	9. Producer's ID Number	10. Date	11. Share

PART C - CCC ACCEPTANCE AND APPROVAL

12. Contract Status (Check appropriate box below):

Approved
 Disapproved

13A. Signature of COC Designee	13B. Title	13C. Date (MM-DD-YYYY)
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14. Remarks

PART D - TRANSITION PAYMENT ELECTION

15. Does the dairy operation elect to receive a payment for the transition period? (Check the applicable box) YES NO

If your answer is "YES", enter in Part E the production for the Fiscal Year 2002 transition period beginning with December 2001.
 If your answer is "NO", proceed to question 16.

16. Enter the start month the dairy operation would like to begin receiving payments from CCC: _____

NOTE: Dairy operations that elect to forgo their transition period payment, may select from the remaining months in the applicable fiscal year the month the dairy operation would like to begin receiving payments from CCC. A dairy operation cannot select a month for payment which (a) has begun; (b) has already passed; or (c) no milk production was produced by the dairy operation.

PART E - PRODUCTION CERTIFICATION

17. Transition Period:

FY 2002	A. Production - Pounds	B. Production - CWT	C. Payment Rate	D. Payment Amount
October				
November				
December			\$	\$
January			\$	\$
February			\$	\$
March			\$	\$
April			\$	\$
May			\$	\$
June			\$	\$
July			\$	\$
August			\$	\$
September			\$	\$

18. Enter the start month the dairy operation would like to begin receiving payments from CCC during the 2003 through 2005 fiscal years: _____
 (Enter production data beginning with month selected by the dairy operation in corresponding spaces below. Indicate start month changes in Part F).

FY 2003	A. Production -Pounds	B. Production - CWT	C. Payment Rate	D. Payment Amount
October			\$	\$
November			\$	\$
December			\$	\$
January			\$	\$
February			\$	\$
March			\$	\$
April			\$	\$
May			\$	\$
June			\$	\$
July			\$	\$
August			\$	\$
September			\$	\$

