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CCC-580 (12-01-08)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation MILK INCOME LOSS CONTRACT (MILC)	1. State Code	2. County Code
(See Privacy Act Statements on Page 2)			
3. Name and Address of Dairy Operation (Including Zip Code)		4. Contract Number	5. Date Contract Submitted (MM-DD-YYYY)
6A. Contact Producer's Name and Address (Including Zip Code) (If different than Item 3)		6B. Telephone Number (Including Area Code)	6C. Cell Telephone Number (Including Area Code)

PART A - FY 2009 - 2012 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.

FY 2009	Oct 08		Nov 08		Dec 08		Jan 09		Feb 09		Mar 09		Apr 09		May 09		Jun 09		Jul 09		Aug 09		Sept 09
7. Check Start Month																							
8. Production																							
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
9. Check Start Month																							
10. 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
11. Check Start Month																							
12. 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
13. Check Start Month																							
14. Production																							

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PART B - PARTICIPANTS 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.

15A. Producer's Signature (By)	15B. Title/Relationship of Individual Signing in the Representative Capacity	16. Producer's ID No.	17. Date (MM-DD-YYYY)	18. Share %	19. 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.

20A. "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.

20B. "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

21A. Signature of COC Designee		21B. Title	21C. Date (MM-DD-YYYY)
22. Contract Status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	23A. Name and Address of County FSA Office (Including Zip Code)		23B. Telephone Number (Including Area Code)

24. Remarks:

NOTE: The primary authority for requesting and safeguarding the information described on this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246 and any amendments to such act as may follow). 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. The information collected as a result of this form may be released to USDA employees, USDA contractors, or authorized USDA cooperators who are bound to safeguard the information under Section 1619 of the Food, Conservation and Energy Act, the Privacy Act of 1974, the E-Government Act of 2002, and related authorities. This information collection is exempted from the Paperwork Reduction Act, as it is required for administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, 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.**