

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Washington, DC 20250

Milk Income Loss Contract Program 11-LD (Revision 2)	Amendment 5
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Approved by: Acting Deputy Administrator, Farm Programs



Amendment Transmittal

Subparagraph 37 E has been amended to clarify that CCC-770 Eligibility and CCC-770 MILC are not required and are only to be completed as necessary.

Subparagraph 39 A has been amended to clarify who is authorized to sign CCC-580's on behalf of an entity.

Page Control Chart		
TC	Text	Exhibit
	5-7, 5-8	
	5-17, 5-18	

37 Filing CCC-580's (Continued)

D Signature Requirements

All producers who share in the risk of a dairy operation's total production **must** certify to the information in CCC-580 before CCC-580 will be considered complete or approved by CCC.

County Offices shall follow 1-CM for the following:

- producers' signature and authorization provisions
- persons signing CCC-580 in a representative or fiduciary capacity
- payment of amounts due persons who have died, disappeared, or have been declared incompetent.

Note: If for some extenuating circumstance all signatures **cannot** be obtained, CCC may exercise authority under CCC-580 Appendix, subparagraph 10 B to modify the contract according to the appropriate share percentages if it is determined to the satisfaction of the COC that accepting CCC-580 without such signature is necessary to carry out purposes of the program or to facilitate the programs practical administration. A waiver is **not** necessary; however, applicable circumstances should be noted on CCC-580.

***--Example:** ABC Dairy Operation has 4 partners and:

- does **not** have a signature authority on file in the County Office; therefore, all producers who share in the risk of the dairy operation's total production must certify to the information on CCC-580
- has a signature authority on file the County Office; follow 1-CM.--*

37 Filing CCC-580's (Continued)

E Approving CCC-580

COC or designee shall:

- be satisfied that all applicable program eligibility requirements of Part 2 have been met before approving the applicable CCC-580
- **not** approve any CCC-580 that was requested or received after COB on the deadline date determined by FSA, postmark provisions apply, according to subparagraph C
- **not** approve CCC-580's for a joint venture or joint operation **unless** all members of the joint venture or joint operation who share in the milk marketed commercially from the dairy operation have signed CCC-580; however, a representative can sign for all members of the joint venture according to 1-CM
- ensure that a completed CCC-580S is on file for every dairy operation **not** participating in other FSA programs where an applicable CCC-901, CCC-902E, or CCC-902I is already completed and on file, according to paragraph 39
- *--complete CCC-770 Eligibility, as necessary according to 3-PL, for each producer on CCC-580
- complete CCC-770 MILC, as necessary according to subparagraph 45, for every dairy operation--*
- provide CCC-580 Appendix (see Exhibit 5) to contact producer for the dairy operation at the time the dairy operation signs-up for the MILC program
- understand that once CCC-580 is submitted, it **cannot** be cancelled.

39 Completing CCC-580S's (Continued)

A Instructions for Completing CCC-580S (Continued)

Item	Instructions
Part J – Other Dairy Interests	
26A through 26D	<p>If item 25A question was answered, “yes”, enter the following for each individual, member, heir, or beneficiary that has other dairying interests:</p> <ul style="list-style-type: none"> • individual’s, member’s, heir’s, or beneficiary’s name • names of other dairying interests • individual’s, member’s, heir’s, or beneficiary’s SSN or EIN of the dairying interest • county and State where the other dairying interests are located.
Part K – Certification	
27A through 27C	<p>The person authorized to sign for the payment entity must read the certification, sign, enter their title, and date CCC-580.</p> <p>*--Note: Only members selected in CCC-580S, Part B, item 15 shall be--* considered authorized to sign for the entity, unless written notification denying a specific member or members the authorization to sign for the entity has been provided to the County Office.</p>

Note: COC approval of CCC-580S is **not** required; however, COC or designee shall ensure that CCC-580S is accurate based on supporting documentation provided to their satisfaction and properly completed before approving CCC-580.

39 Completing CCC-580S's (Continued)

B Example CCC-580S

The following is an example CCC-580S, page 1.

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This form is available electronically. See Privacy Act Statement on Page 5

CCC-580S (05-11-09)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. County Code 01	3. Fiscal Year 2010						
MILK INCOME LOSS CONTRACT (MILC) SUPPLEMENTAL			2. State Code 24	4. MILC Contract Number 01						
5A. Name and Physical Address of Dairy Operation Milk Dairy 101 Dairy Lane Oakmount, MD 22113		5B. Doing Business As (if applicable)	6. Contact Producer's Name and Address Jacob Farmer 100 Prices Fork Road Oakmount, MD 22113							
PART A - BUSINESS TYPE										
7. Check the applicable business type for the dairy operation, listed in Item 5A:										
A. <input type="checkbox"/> Individual (Check one): <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> An alien lawfully admitted to the U.S. and possessing an I-551. <input type="checkbox"/> YES <input type="checkbox"/> NO (Continue to Part G)		B. <input checked="" type="checkbox"/> General Partnership	F. <input type="checkbox"/> Revocable/Living Trust							
		C. <input type="checkbox"/> Joint Venture	G. <input type="checkbox"/> Irrevocable Trust							
		D. <input type="checkbox"/> Corporation	H. <input type="checkbox"/> Estate							
		E. <input type="checkbox"/> Limited Partnership	I. <input type="checkbox"/> Other: _____							
J. For County Office Use Only (Was an Alien Registration Receipt Card (form I-551) shown?) <input type="checkbox"/> YES <input type="checkbox"/> NO										
8. Date Operation Formed - If the participant listed in Item 5A is other than an individual enter the date operation/entity was formed: 12/31/1991										
PART B - MEMBERS - (If other than an individual, list all members having an interest in the entity.)										
9. Members/Heir/Beneficiaries Name <i>(If member is a minor child, also complete Part H)</i>	10. Check Applicable box			11. Tax ID No. (9 digits) <i>(Last 4 digits if already on file)</i>	12. % Share	13. Position	14. Family Member Relationship <i>(if applicable)</i>	15. Does this member have Signature Authority for the Legal Entity?		
	A. U.S. Citizen	B. Alien with I-551						C. Other	YES	NO
		YES	NO							
Jacob Farmer	X			1123	50	Member		X		
Spencer Farm Inc.				3456	50	Member			X	
16. I certify that I have signature authority for the entity identified in Part A and that all information in Part B is true and correct.							A. Initials JAF	B. Date 10/10/09		
NOTE: If any member entered in Item 9 is an entity, complete Parts C through F, as applicable.										
17. For Trusts or Estates, list the name of the Trustee, Executor or Administrator		A. Name			B. Position					

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