

**UNITED STATES DEPARTMENT OF AGRICULTURE**

Farm Service Agency  
Washington, DC 20250

<b>Cotton Transition Assistance Program 1-CTAP</b>	<b>Amendment 2</b>
--	--------------------

**Approved by:** Deputy Administrator, Farm Programs



**Amendment Transmittal**

**A Reason for Amendment**

Subparagraph 332 C has been amended to update CCC-957.

<b>Page Control Chart</b>		
<b>TC</b>	<b>Text</b>	<b>Exhibit</b>
	6-5 through 6-8	



332 Overview of CCC-957 (Continued)

C Example of CCC-957

The following is an example of CCC-957.

\*--

This form is available electronically. <b>CCC-957</b> U.S. DEPARTMENT OF AGRICULTURE (06-12-14) Commodity Credit Corporation		(See Page 3 for Privacy Act and Paperwork Reduction Act Statements)		
<b>COTTON TRANSITION ASSISTANCE PROGRAM (CTAP) APPLICATION</b>		1. Program Year	2. State Code	3. County Code
		4. Farm Number	5. CTAP Acres	6. Payment Yield
		7A. Administrative County FSA Office Name and Address (Including Zip Code)		
		7B. Administrative County Office Telephone/Fax Number(s) (Including Area Code):		
THIS APPLICATION TO PARTICIPATE in CTAP is entered into between the Commodity Credit Corporation (CCC) and the undersigned producer(s) on the farm identified in Item 4 above for the cotton transition acres identified in Item 5 above. This application must be executed by each upland cotton producer with a greater than zero share interest in upland cotton base acres (referred to on this application as CTAP Acres) on the farm who seek a CTAP payment by the application deadline of September 30. Upland cotton producers with greater than a zero share interest in CTAP Acres who do not sign this application in the application period will not be paid a CTAP payment. By signing this application, the undersigned producer(s) on the farm identified in Item 4 intend to participate in CTAP subject to CCC approval. By signing this application, the undersigned producer(s): (1) agree to comply with the CTAP regulation, payment eligibility and payment limitation provisions; (2) acknowledge and agree that CTAP is subject to changes based upon change to applicable statute or regulation; (3) certify to the accuracy of the information set out on this form; and (4) a producer(s) claimed share of CTAP acres must correspond to the producer's share of cropland reported on the farm's acreage report.				
Items 8 through 11 enter the producers name and CTAP payment shares for the farm in Item 4.				
8A. Owner or Producer's Name and Address (Including Zip Code)		9. Payment Share		
8B. Telephone No. (Include Area Code):				
10A. Refused Payment Information: <input type="checkbox"/> All CTAP Payments are Refused		10B. Producer's Initials	10C. Date Initialed (MM-DD-YYYY)	
11A. Producer's Signature (By)	11B. Title/Relationship of the Individual Signing in the Representative Capacity		11C. Date (MM-DD-YYYY)	
8A. Owner or Producer's Name and Address (Including Zip Code)		9. Payment Share		
8B. Telephone No. (Include Area Code):				
10A. Refused Payment Information: <input type="checkbox"/> All CTAP Payments are Refused		10B. Producers Initials	10C. Date Initialed (MM-DD-YYYY)	
11A. Producer's Signature (By)	11B. Title/Relationship of the Individual Signing in the Representative Capacity		11C. Date (MM-DD-YYYY)	
<b>FOR FSA USE ONLY</b>				
12A. Signature of CCC Representative			12B. Date (MM-DD-YYYY)	
13. Remarks				
14. Employee's Initials:				

--\*

332 Overview of CCC-957 (Continued)

C Example of CCC-957 (Continued)

\*--

<b>CCC-957</b> (06-12-14)		Page 2 of 3	
Items 8 through 11 specify the details for the CTAP payment shares, yields and payment acres for the farm in Item 4. (Continuation)			
8A. Owner or Producer's Name and Address (Including Zip Code)		9. Payment Share	
8B. Telephone No. (Include Area Code):			
10A. Refused Payment Information: <input type="checkbox"/> All CTAP Payments are Refused		10B. Producers Initials	10C. Date Initialed (MM-DD-YYYY)
11A. Producer's Signature (By)	11B. Title/Relationship of the Individual Signing in the Representative Capacity	11C. Date (MM-DD-YYYY)	
8A. Owner or Producer's Name and Address (Including Zip Code)		9. Payment Share	
8B. Telephone No. (Include Area Code):			
10A. Refused Payment Information: <input type="checkbox"/> All CTAP Payments are Refused		10B. Producers Initials	10C. Date Initialed (MM-DD-YYYY)
11A. Producer's Signature (By)	11B. Title/Relationship of the Individual Signing in the Representative Capacity	11C. Date (MM-DD-YYYY)	
8A. Owner or Producer's Name and Address (Including Zip Code)		9. Payment Share	
8B. Telephone No. (Include Area Code):			
10A. Refused Payment Information: <input type="checkbox"/> All CTAP Payments are Refused		10B. Producers Initials	10C. Date Initialed (MM-DD-YYYY)
11A. Producer's Signature (By)	11B. Title/Relationship of the Individual Signing in the Representative Capacity	11C. Date (MM-DD-YYYY)	
8A. Owner or Producer's Name and Address (Including Zip Code)		9. Payment Share	
8B. Telephone No. (Include Area Code):			
10A. Refused Payment Information: <input type="checkbox"/> All CTAP Payments are Refused		10B. Producers Initials	10C. Date Initialed (MM-DD-YYYY)
11A. Producer's Signature (By)	11B. Title/Relationship of the Individual Signing in the Representative Capacity	11C. Date (MM-DD-YYYY)	

--\*

332 Overview of CCC-957 (Continued)

C Example of CCC-957 (Continued)

\*--

<b>CCC-957 (06-12-14)</b>		Page 3 of 3	
Items 7 through 11 specify the details for the CTAP payment shares, yields and payment acres for the farm in Item 4. (Continuation)			
8A. Owner or Producer's Name and Address (Including Zip Code)		9. Payment Share	
8B. Telephone No. (Include Area Code):			
10A. Refused Payment Information: <input type="checkbox"/> All CTAP Payments are Refused		10B. Producers Initials	10C. Date Initialed (MM-DD-YYYY)
11A. Producer's Signature (By)		11B. Title/Relationship of the Individual Signing in the Representative Capacity	
11C. Date (MM-DD-YYYY)			
8A. Owner or Producer's Name and Address (Including Zip Code)		9. Payment Share	
8B. Telephone No. (Include Area Code):			
10A. Refused Payment Information: <input type="checkbox"/> All CTAP Payments are Refused		10B. Producers Initials	10C. Date Initialed (MM-DD-YYYY)
11A. Producer's Signature (By)		11B. Title/Relationship of the Individual Signing in the Representative Capacity	
11C. Date (MM-DD-YYYY)			
8A. Owner or Producer's Name and Address (Including Zip Code)		9. Payment Share	
8B. Telephone No. (Include Area Code):			
10A. Refused Payment Information: <input type="checkbox"/> All CTAP Payments are Refused		10B. Producers Initials	10C. Date Initialed (MM-DD-YYYY)
11A. Producer's Signature (By)		11B. Title/Relationship of the Individual Signing in the Representative Capacity	
11C. Date (MM-DD-YYYY)			
<p><b>NOTE:</b> 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 1427, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility for participation in and receipt of benefits from the Cotton Transition Assistance 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). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for participation in and receipt of benefits from the Cotton Transition Assistance Program.</p> <p>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).</p> <p>The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</p>			
<p>The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).</p> <p>If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a>, 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 <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>. USDA is an equal opportunity provider and employer.</p>			

--\*

**333 Application Options on Reconstituted Farms**

**A Authorized Reconstitutions**

Subject to the provisions of subparagraph B, the following reconstitutions are allowed, if FSA-155 is initiated by August 1 of the effective FY and all payments for the parent farm or farms made during the current FY, if applicable, have been refunded (or receivables have been established for unearned payments):

- divisions of all farms
- farm combinations in limited situations.

**Note:** CCC-957's may only be withdrawn according to paragraph 14.

**B Application Signup and Eligibility and Options Following Reconstitutions**

This table discusses application signup and eligibility options following reconstitutions.

<b>IF...</b>	<b>THEN by the later of October 7, 2014, for 2014 or July 31, 2015, for 2015 or 30 calendar days following issuance of the notification of the completion of the reconstitution for either 2014 or 2015...</b>
the parent farms of a reconstitution have a valid CCC-957 filed for either 2014 or 2015	resulting farms may likewise have CCC-957 signed by producers sharing in upland cotton base acres.  <b>Notes:</b> Notification issued to the operator of record constitutes notice to all producers (OP, OW, and OT) on the farm regardless of whether copies of the notice are or are not actually sent to all producers.  A valid CCC-957 must be effective and apply to a farm before CCC-957 can be signed.
a reconstitution request is initiated according to 10-CM by August 1, 2014, for 2014	producers sharing in upland cotton base acres on the farm can sign CCC-957.  <b>Note:</b> Notification issued to the operator of record constitutes notice to all producers (OP, OW, and OT) on the farm regardless of whether copies of the notice are or are not actually sent to all producers.