

For: State and County Offices

CCC-580M, Milk Income Loss Contract (MILC) Modification

Approved by: Deputy Administrator, Farm Programs



1 Overview

A

Background

Notice LD-524 provided instructions for completing and filing CCC-580 to apply for MILC benefits. Notice LD-524 also states that producers in a dairy operation are required to notify their local FSA Office immediately of any changes that potentially affect the terms, conditions, or participants under an existing MILC.

CCC-580M has been modified to simplify the process of identifying the reason for the change in the contract.

B

Purpose

This notice:

- provides procedures and instructions for completing and submitting the modified CCC-580M to change an existing approved MILC
- discontinues use of the December 18, 2002, version of CCC-580M
- obsoletes Notice LD-531.

<p>Disposal Date</p> <p>December 1, 2003</p>	<p>Distribution</p> <p>State Offices; State Offices relay to County Offices</p>
-----------------------------------------------------	----------------------------------------------------------------------------------------

Notice LD-534

2 Filing CCC-580M

A

Reason for Filing CCC-580M

Producers of a dairy operation who have an approved CCC-580 on file with the County Office must file CCC-580M if:

- there is a new producer or shareholder added to MILC
 - a producer or shareholder no longer participates or shares in the risk of production on an existing MILC
 - there is a change in the percentage shares of any producer on an existing MILC.
-

B

Multiple MILC Modifications

Producers must file a separate CCC-580M for each MILC being modified.

C

Signature Requirement

Each producer/shareholder who signed the approved CCC-580 must sign CCC-580M, Part B, indicating their current shares in the dairy operation under the approved MILC.

Remaining and new producers or shareholders must sign CCC-580M, Part C, certifying the modified structure of the dairy operation and indicating the required change.

D

When to File CCC-580M

CCC-580M must be filed with the local FSA Office immediately after the change of an existing MILC occurs and after all required signatures have been obtained according to subparagraph C.

E

Approving CCC-580M

COC, or designee, shall not approve CCC-580M unless all members of the initial MILC have completed and signed CCC-580M. The dairy operation will receive MILC payments based on the modified changes of CCC-580M immediately beginning with the dairy operation's next MILC payment issued after approval of CCC-580M.

Continued on next page

Notice LD-534

2 Filing CCC-580M (Continued)

F

Requesting CCC-580M

Eligible dairy operations may obtain CCC-580M to modify an existing MILC in the same manner prescribed in Notice LD-524, subparagraph 9 B.

3 Action

A

State Office Action

SED's and STC's shall ensure that County Offices immediately notify producers of the contents of this notice using all available sources.

B

County Office Action

County Offices shall:

- provide information to dairy producers of MILC Program requirements through:
 - over-the-counter discussion
 - newsletters
 - other methods of communication, as applicable
 - make CCC-580M available to dairy producers
 - discontinue use of the December 18, 2002, version of CCC-580M.
-

C

Obsolete Material

Notice LD-531 is obsolete.

Instructions for Completing CCC-580M

County Offices shall provide a copy of CCC-580M and instructions upon request.

Item	Instruction
1A	Enter the name of the dairy operation. If modifying more than one MILC, a separate CCC-580M must be completed for each MILC.
1B	Enter the farm number assigned to the dairy operation in which MILC is being filed, if applicable.
2	Enter the State code.
3	Enter the county code.
4	Enter the contract number.
5	Enter the contract period which includes the beginning and ending dates.
6A	Enter the name and address, including ZIP Code, of the contact person for the operation identified in item 1A. The person entered in this item should be someone who has general knowledge of the production, operation, and marketings for the operation identified in item 1A.
6B	Enter a telephone number for the person identified in item 6A.
7A	Enter the name and address of the County Office, including ZIP Code.
7B	Enter the telephone number for the County Office, including area code.
8	Print the name of each producer or shareholder of the operation identified in item 1A, as they are listed on the currently approved CCC-580 or as they were listed on the last approved CCC-580M.
9	Each producer identified in item 8 must enter their signature beside their printed name.
10	Enter the percentage share of each producer or shareholder in the operation as they are listed on the currently approved CCC-580 or as they were listed on the last approved CCC-580M. Enter the percentage beside the corresponding name.
11	Each new producer being added or removed from MILC, or each producer who is requesting a change in their percentage shares in the operation identified in item 1A, must provide their signature.
12	Enter the corresponding producer ID number for each producer.
13	Enter the date CCC-580M is signed by the producer identified in item 11.
14	Enter the modified percentage share for the producer, as applicable.
15	Place an "X" in the appropriate box that indicates what action is being requested to modify this MILC. Mark all that apply.
16	Check the appropriate box to indicate approval/disapproval of the change or modification.
17A	Enter the signature of the COC designee approving CCC-580M. CCC-580 shall not be approved until all required signatures and information are entered on CCC-580M.
17B	Enter the title of the approval official.
17C	Enter the date of approval, which is the date the official signs CCC-580, item 17 A.
18	Enter any information that may be pertinent to this MILC modification and was not entered or could not be entered in any of the previous fields.

Example of Modified CCC-580M

This form is available electronically.

CCC-580M (01-17-03)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	NOTE: <small>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. The time required to complete this information collection is estimated to average 20 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.</small>		
MILK INCOME LOSS CONTRACT (MILC) MODIFICATION				
NOTE: <small>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) and 7 CFR Part 1430. The information requested is necessary for CCC to consider and process the request to modify a Milk Income Loss Contract, to assist in determining eligibility, and to determine the correct parties to the contract modification. 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, 297, 371, 641, 651, 1001; 15 USC 714a; and 31 USC 3729, may be applicable to the information provided. RETURN THIS SIGNED FORM TO YOUR COUNTY FSA SERVICE CENTER.</small>				
PART A - GENERAL INFORMATION				
1A. Name of Dairy Operation (Prepare 1 CCC-580M for each dairy operation) Elsie's Milkmakers	2. State Code 55	3. County Code 073	4. Contract Number XXXX	5. Contract Period FROM: (MM-DD-YYYY) TO: 10-01-2003 09-30-2005
1B. Farm Number:				
6A. Contact Producer's Name and Address (Including ZIP Code) John A. Cowmilker 111 Westover Lane Sunset, WI 21562		7A. Name and Address of County FSA Office (Including ZIP Code) FSA Service Center Office Wausau Service Center 123 Love Drive Mountaintop, WI 79508		
6B. Telephone Number (Including Area Code): (615) 555-5555		7B. Telephone Number (Including Area Code): (615) 221-1111		
PART B - CURRENT PRODUCER/SHAREHOLDER INFORMATION				
As a participant of the Milk Income Loss Contract (MILC) assigned in Item 4 above, I give my consent to the Commodity Credit Corporation (CCC) to make the requested modifications in Part C to the MILC in Item 4 above.				
8. Producers/Shareholders	9. Signature	10. Shares %		
John A. Cowmilker		50%		
Thomas A. Pasturizer		50%		
PART C - MODIFIED PRODUCER/SHAREHOLDER INFORMATION				
I certify that all information entered on this form is true and correct. By completing this form the producer authorizes the Commodity Credit Corporation (CCC) to make the modifications requested in this part to the Milk Income Loss Contract (MILC), (CCC-580), in Item 4 above, with respect to the issuance of payments under the Milk Income Loss Contract program. I further certify that the modifications listed below are the current organizational structure of the above stated dairy operation and such modifications have not been made for the sole purpose of receiving benefits under the MILC program. By signing this form, the undersigned producer agrees to 1) abide by the terms and conditions of the original CCC-580, CCC-580-A appendix, and any addendums attached thereto and assigned to the contract number in Item 4 above; 2) comply with the Federal Regulations for the MILC program at 7 CFR Part 1430; and 3) the modifications listed below and the distribution of shares to the corresponding shareholders.				
11. Producer's Signature	12. Producer's ID Number	13. Date (MM-DD-YYYY)	14. Share %	15. Modification Request (Check all that apply)
				A. Adding Producer/Shareholder B. Removing Producer/Shareholder C. Change in Shares
/s/ Thomas A. Pasturizer		01-17-2003	25%	X
/s/ Jack B. Newproducer		01-18-2003	25%	X
PART D - CCC ACCEPTANCE AND APPROVAL				
16. Modification Changes (Check appropriate box): <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved				
17A. Signature of COC Designee /s/ John Doe		17B. Title County Executive Director		17C. Date (MM-DD-YYYY) 11-21-2003
18. Remarks				
<small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.</small>				
<input type="checkbox"/> Original - County Office Copy <input type="checkbox"/> Dairy Operation's Copy				