

For: State and County Offices

Clarifying Completing CCC-782 for Margin Protection Program for Dairy Producers (MPP-Dairy) Registration for Producer Entities

Approved by: Acting Deputy Administrator, Farm Programs



1 Overview

A Background

Enrollment for MPP-Dairy coverage in 2014 and 2015 concluded December 19, 2014. Procedure for State and County Offices to complete CCC-782 for MPP enrollment is in 1-MPP, Exhibit 13.

Notice MPP-8 provided State and County Offices with information and procedure on collecting enrollment data in the 2015 MPP Application Enrollment Workbook. The data collection process has revealed that clarification is required regarding the entries on CCC-782 to ensure that appropriate information required to make proper payments has been accurately collected and recorded.

Note: The 2015 MPP Application Enrollment Workbooks were due to the National Office by March 13, 2015.

B Purpose

This notice provides State and County Offices with the following:

- clarification of appropriate entries to accurately record producer information on CCC-782
- examples of completed CCC-782's
- appropriate action necessary to correct erroneously recorded entries on CCC-782.

Disposal Date	Distribution
December 1, 2015 3-31-15	State Offices; State Offices relay to County Offices

Notice MPP-9

1 Overview (Continued)

C Contacts

If there are questions about this notice, State Offices shall contact Dani Cooke, PSD, by either of the following:

- e-mail to **danielle.cooke@wdc.usda.gov**
- telephone at 202-720-1919.

Note: Refer questions about the 2015 MPP Application Enrollment Workbook to PECD.

2 CCC-782 Clarifications

A Completing CCC-782 When the Producer Is an Individual or a Legal Entity

When an individual or a legal entity with a valid taxpayer identification number is the producer of the dairy operation, CCC-782, Part F, must be completed and signed by the individual or the authorized member of the legal entity indicating the appropriate percentage the individual or legal entity should be paid.

Legal entities include the following:

- individual operating as a small business
- corporations
- general partnerships
- joint operations
- limited liability corporations
- limited liability partnerships
- estates
- revocable and irrevocable trusts
- nonprofit organizations
- Indian Tribal venture
- Indians represented by BIA.

Note: If proper signature authority is on file for the legal entity or joint operation, according to 1-CM, only the signature of the person signing in a representative capacity is required. Each member of the legal entity should **not** sign in CCC-782, Part F.

Notice MPP-9

2 CCC-782 Clarifications (Continued)

B Completing CCC-782 When the Producer Is a Member of a Joint Venture Without TIN

When the producers of a dairy operation are members of a joint venture without TIN are eligible for MPP-Dairy, CCC-782, Part F, must be signed by all producers who share in the dairy operation.

A joint venture without a TIN, typically includes, but are not limited to, combinations of husband and wife, father and sons, brothers, friends, or partners with no formal partnership agreement.

C Correcting Erroneously Completed CCC-782's

CCC-782's not completed according to subparagraph A or B must be corrected upon discovery to ensure that when MPP-Dairy payments are triggered the appropriate information required to make proper payments to the correct producers have been accurately collected and recorded in the 2015 MPP Application Enrollment Workbooks.

County Offices that discover erroneously completed CCC-782's **must** immediately contact the producer to obtain correct information. CCC-782, Part F corrections must be:

- made by pen and ink on the original CCC-782
- initialed and dated by the producer.

Note: It is imperative that all corrections to CCC-782, Part F, be completed by April 17, 2015, for the potential payment trigger in April.

Information will be forthcoming about corrections to MPP workbook data that has been uploaded to the MPP Dairy SharePoint site.

D Completed CCC-782 Examples

See the applicable exhibit for an example of a completed CCC-782 when the dairy operation producer is the following:

- a legal entity (Exhibit 1)
- a joint venture (Exhibit 2)
- an individual (Exhibit 3)
- a legal entity and joint operation (Exhibit 4).

Notice MPP-9

3 Action

A State Office Action

State Offices shall ensure that County Offices:

- are immediately informed of the contents of this notice
- continue to follow procedure in 1-MPP
- direct questions about MPP-Dairy program policy and procedure to the National Office according to subparagraph 1 C.

B County Office Action

County Offices shall:

- review CCC-782's and take appropriate action by April 17, 2015, according to this notice
- continue to follow procedure in 1-MPP
- forward questions about the contents of this notice to the State Office MPP-Dairy specialist.

Completed CCC-782 When the Producer Is a Legal Entity

The following is an example of CCC-782 completed for a producer who is a legal entity.

<p>This form is available electronically.</p> <p>CCC-782 (11-25-14)</p> <p>U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation</p> <p align="center">MARGIN PROTECTION PROGRAM FOR DAIRY PRODUCERS (MPP-DAIRY) CONTRACT AND ANNUAL COVERAGE ELECTION</p>		<p align="center">For County Office Use Only</p> <p>1. Admin State Name: Minnesota</p> <p>2. Admin County Name: Goodhue</p> <p>3. Farm/Tract Number: 3829</p> <p>4. Dairy Operation Number:</p> <p>5. Coverage Year: 2015</p>	
<p>PART A – GENERAL INFORMATION</p>			
<p>6. Dairy Operation Name and Address ABC Dairy, Inc.</p>		<p>7. Type of Action:</p> <p><input checked="" type="checkbox"/> New Contract <input type="checkbox"/> Annual Coverage Election <input type="checkbox"/> Successor-In-Interest</p> <p><input type="checkbox"/> Contract Revision <input type="checkbox"/> Retirement <input type="checkbox"/> Permanent Dissolution</p>	
		YES	NO
8A. Does the dairy operation currently produce and commercially market milk?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8B. Is the dairy operation facility currently being leased or rented?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Do all dairy producers in the operation make contributions (including land, labor, management, equipment, or capital) to the dairy operation, which are at least commensurate with their shares of the proceeds of the operation? <i>If "NO", indicate which producer(s) are not commensurate in Part F.</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Do any of the producers collectively have more than a 50% interest in both this dairy operation and another dairy operation that is covered under MPP - Dairy? <i>(Not applicable to CY 2014/2015 election period).</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Does any producer in the dairy operation currently have a policy under RMA's Livestock Gross Margin for Dairy Program (LGM-Dairy)? <i>If "NO", skip to Part B.</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. If "YES" to Item 11, what is the last month/year of target marketings insured under your LGM-Dairy policy?		(MM-YYYY)	
<p>PART B – COVERAGE LEVEL THRESHOLD ELECTION</p>			
<p>13. Check one desired level:</p> <p><input type="checkbox"/> \$4.00 <input type="checkbox"/> \$5.50 <input type="checkbox"/> \$7.00</p> <p><input type="checkbox"/> \$4.50 <input checked="" type="checkbox"/> \$6.00 <input type="checkbox"/> \$7.50</p> <p><input type="checkbox"/> \$5.00 <input type="checkbox"/> \$6.50 <input type="checkbox"/> \$8.00</p>			
<p>PART C – COVERAGE LEVEL PERCENTAGE ELECTION</p>			
<p>14. Check one desired level:</p> <p><input type="checkbox"/> 25% <input type="checkbox"/> 40% <input type="checkbox"/> 55% <input type="checkbox"/> 70% <input type="checkbox"/> 85%</p> <p><input type="checkbox"/> 30% <input type="checkbox"/> 45% <input type="checkbox"/> 60% <input type="checkbox"/> 75% <input checked="" type="checkbox"/> 90%</p> <p><input type="checkbox"/> 35% <input type="checkbox"/> 50% <input type="checkbox"/> 65% <input type="checkbox"/> 80%</p>			
<p>PART D – ESTABLISHED PRODUCTION HISTORY (For County Office Use Only)</p>			
15. Enter applicable production history for the dairy operation from the MPP Production History and Premium Calculator Workbook:			5,301,126 lbs.
<p>PART E – CALCULATED PREMIUM AND PREMIUM PAYMENT OPTIONS (For County Office Use Only)</p>			
16. Calculated Premium Amount	17. Select the desired premium payment option below:	18. Calculated Totals	
\$ 5,076	<input checked="" type="checkbox"/> 100% of Calculated Premium	A. Administrative Fee due by end of election period	\$ 100.00
	<input type="checkbox"/> Alternative Amount (Must be 25% or more of calculated premium due no later than February 1 of the applicable calendar year of coverage). \$ _____	B. Premium Minimum (Due by February 1 of the applicable year of coverage.)	\$ 0
		C. Remaining Balance (Due no later than June 1 of the applicable year of coverage.)	\$ 0
<p><small>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).</small></p> <p><small>If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9892 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 program.intake@usda.gov. USDA is an equal opportunity provider and employer.</small></p>			

Completed CCC-782 When the Producer Is a Legal Entity (Continued)

CCC-782 (11-25-14)						Page 2	
PART F – CERTIFICATION AND SIGNATURES							
<p>This Contract to participate in the Margin Protection Program (MPP-Dairy) for dairy producers 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-782 Appendix, entitled "Appendix to Form CCC-782 Margin Protection Program" (referred to as "Appendix"). By signing this contract the Participant agrees to participate in the Margin Protection Program for the stipulated contract period from the date the Contract is executed by the CCC. As such, the participant will be legally obligated to pay the annual administrative fee for the duration of the MPP-Dairy program and all associated premiums for buy-up coverage elected by the participant. The participant also agrees to the coverage threshold and coverage level percentage elected above for the applicable calendar year of coverage and further understands that a coverage election must be made annually on form CCC-782 for the duration of the MPP-Dairy program during the open election periods designated by the CCC. By signing below, the Participant (1) agrees to the established production history in Part D; (2) acknowledges receipt of the CCC-782 Appendix, and agrees to abide by the terms and conditions contained therein; and (3) agrees to comply with the regulations governing the applicable program eligibility. 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-782 and in the CCC-782 Appendix and any addendum thereto. The Participant also agrees to not receive benefits under the Livestock Gross Margin program for dairy while participating in the Margin Protection Program for dairy producers. Payments under the MPP-Dairy program may be reduced by a certain percentage due to a sequester order required by Congress and issued pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985. Should a payment reduction be necessary, FSA will reduce the payment by the required amount. BY SIGNING THIS CONTRACT, PRODUCERS ACKNOWLEDGE THAT A PRODUCTION HISTORY ESTABLISHMENT FORM CCC-781 WAS COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE DAIRY OPERATION ABOVE AND ACKNOWLEDGE THAT THE PRODUCTION HISTORY ESTABLISHED AND ENTERED ABOVE WILL BE USED FOR THE DURATION OF THE PROGRAM IN ACCORDANCE WITH REGULATIONS AT 7 CFR PART 1430, SUBPART C.</p>							
19. Signature of Producer (By)	20. Title/Relationship of the Individual Signing in the Representative Capacity	21. Date (MM-DD-YYYY)	22. Share %	23. Commensurate	24. Refuse Payment		25. Point of Contact
				NO	YES	NO	
<i>John Smith</i>	President	12/19/2014	100%	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART G – CCC ACCEPTANCE AND APPROVAL							
26A. COC or Designee Signature				26B. Date (MM-DD-YYYY)	26C.		
					<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
27. Remarks							
<p>NOTE: <i>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 1430, 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 to participate in and receive benefits under the Margin Protection Program for dairy producers. 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 to participate in and receive benefits under the Margin Protection Program for dairy producers.</i></p> <p><i>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).</i></p> <p><i>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.</i></p>							

Completed CCC-782 When the Producer Is a Joint Venture

The following is an example of CCC-782 completed for a producer who is a member of a joint venture.

<p>This form is available electronically. CCC-782 (11-25-14)</p>		<p>U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation</p>		<p>For County Office Use Only</p>	
<p align="center">MARGIN PROTECTION PROGRAM FOR DAIRY PRODUCERS (MPP-DAIRY) CONTRACT AND ANNUAL COVERAGE ELECTION</p>		1. Admin State Name:		Minnesota	
		2. Admin County Name:		Goodhue	
		3. Farm/Tract Number:		3829	
		4. Dairy Operation Number:			
		5. Coverage Year:		2015	
<p>PART A – GENERAL INFORMATION</p>					
6. Dairy Operation Name and Address Smith Dairy			7. Type of Action:		
			<input checked="" type="checkbox"/> New Contract <input type="checkbox"/> Annual Coverage Election <input type="checkbox"/> Successor-In-Interest <input type="checkbox"/> Contract Revision <input type="checkbox"/> Retirement <input type="checkbox"/> Permanent Dissolution		
				YES	NO
8A. Does the dairy operation currently produce and commercially market milk?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
8B. Is the dairy operation facility currently being leased or rented?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Do all dairy producers in the operation make contributions (including land, labor, management, equipment, or capital) to the dairy operation, which are at least commensurate with their shares of the proceeds of the operation? If "NO", indicate which producer(s) are not commensurate in Part F.				<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Do any of the producers collectively have more than a 50% interest in both this dairy operation and another dairy operation that is covered under MPP - Dairy? (Not applicable to CY 2014/2015 election period).				<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Does any producer in the dairy operation currently have a policy under RMA's Livestock Gross Margin for Dairy Program (LGM-Dairy)? If "NO", skip to Part B.				<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. If "YES" to Item 11, what is the last month/year of target marketings insured under your LGM-Dairy policy?				(MM-YYYY)	
<p>PART B – COVERAGE LEVEL THRESHOLD ELECTION</p>					
13. Check one desired level:					
<input type="checkbox"/> \$4.00		<input type="checkbox"/> \$5.50		<input type="checkbox"/> \$7.00	
<input type="checkbox"/> \$4.50		<input checked="" type="checkbox"/> \$6.00		<input type="checkbox"/> \$7.50	
<input type="checkbox"/> \$5.00		<input type="checkbox"/> \$6.50		<input type="checkbox"/> \$8.00	
<p>PART C – COVERAGE LEVEL PERCENTAGE ELECTION</p>					
14. Check one desired level:					
<input type="checkbox"/> 25%		<input type="checkbox"/> 40%		<input type="checkbox"/> 55%	
<input type="checkbox"/> 30%		<input type="checkbox"/> 45%		<input type="checkbox"/> 60%	
<input type="checkbox"/> 35%		<input type="checkbox"/> 50%		<input type="checkbox"/> 65%	
		<input type="checkbox"/> 70%		<input type="checkbox"/> 75%	
		<input type="checkbox"/> 80%		<input checked="" type="checkbox"/> 90%	
<p>PART D – ESTABLISHED PRODUCTION HISTORY (For County Office Use Only)</p>					
15. Enter applicable production history for the dairy operation from the MPP Production History and Premium Calculator Workbook:				5,301,126 lbs.	
<p>PART E – CALCULATED PREMIUM AND PREMIUM PAYMENT OPTIONS (For County Office Use Only)</p>					
16. Calculated Premium Amount		17. Select the desired premium payment option below:		18. Calculated Totals	
\$ 5076		<input checked="" type="checkbox"/> 100% of Calculated Premium		A. Administrative Fee due by end of election period \$ 100.00	
		<input type="checkbox"/> Alternative Amount (Must be 25% or more of calculated premium due no later than February 1 of the applicable calendar year of coverage). \$ _____		B. Premium Minimum (Due by February 1 of the applicable year of coverage.) \$ 0	
				C. Remaining Balance (Due no later than June 1 of the applicable year of coverage.) \$ 0	
<p><small>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).</small></p> <p><small>If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, 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 program.intake@usda.gov. USDA is an equal opportunity provider and employer.</small></p>					

Completed CCC-782 When the Producer Is a Joint Venture (Continued)

CCC-782 (11-25-14)						Page 2	
PART F – CERTIFICATION AND SIGNATURES							
<p>This Contract to participate in the Margin Protection Program (MPP-Dairy) for dairy producers 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-782 Appendix, entitled "Appendix to Form CCC-782 Margin Protection Program" (referred to as "Appendix"). By signing this contract the Participant agrees to participate in the Margin Protection Program for the stipulated contract period from the date the Contract is executed by the CCC. As such, the participant will be legally obligated to pay the annual administrative fee for the duration of the MPP-Dairy program and all associated premiums for buy-up coverage elected by the participant. The participant also agrees to the coverage threshold and coverage level percentage elected above for the applicable calendar year of coverage and further understands that a coverage election must be made annually on form CCC-782 for the duration of the MPP-Dairy program during the open election periods designated by the CCC. By signing below, the Participant (1) agrees to the established production history in Part D; (2) acknowledges receipt of the CCC-782 Appendix, and agrees to abide by the terms and conditions contained therein; and (3) agrees to comply with the regulations governing the applicable program eligibility. 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-782 and in the CCC-782 Appendix and any addendum thereto. The Participant also agrees to not receive benefits under the Livestock Gross Margin program for dairy while participating in the Margin Protection Program for dairy producers. Payments under the MPP-Dairy program may be reduced by a certain percentage due to a sequester order required by Congress and issued pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985. Should a payment reduction be necessary, FSA will reduce the payment by the required amount. BY SIGNING THIS CONTRACT, PRODUCERS ACKNOWLEDGE THAT A PRODUCTION HISTORY ESTABLISHMENT FORM CCC-781 WAS COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE DAIRY OPERATION ABOVE AND ACKNOWLEDGE THAT THE PRODUCTION HISTORY ESTABLISHED AND ENTERED ABOVE WILL BE USED FOR THE DURATION OF THE PROGRAM IN ACCORDANCE WITH REGULATIONS AT 7 CFR PART 1430, SUBPART C.</p>							
19. Signature of Producer (By)	20. Title/Relationship of the Individual Signing in the Representative Capacity	21. Date (MM-DD-YYYY)	22. Share %	23. Commensurate	24. Refuse Payment		25. Point of Contact
				NO	YES	NO	
<i>John Smith</i>	Partner/father	12/19/2014	80%	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Jimmy Smith</i>	Partner/son	12/19/2014	20%	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART G – CCC ACCEPTANCE AND APPROVAL							
26A. COC or Designee Signature			26B. Date (MM-DD-YYYY)	26C.			
				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
27. Remarks							
<p>NOTE: 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 1430, 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 to participate in and receive benefits under the Margin Protection Program for dairy producers. 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 to participate in and receive benefits under the Margin Protection Program for dairy producers.</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>							

Completed CCC-782 When the Producer Is an Individual

The following is an example of CCC-782 completed for a producer who is an individual.

This form is available electronically.

CCC-782 (11-25-14)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		For County Office Use Only	
MARGIN PROTECTION PROGRAM FOR DAIRY PRODUCERS (MPP-DAIRY) CONTRACT AND ANNUAL COVERAGE ELECTION				1. Admin State Name:	Minnesota
				2. Admin County Name:	Goodhue
				3. Farm/Tract Number:	3829
				4. Dairy Operation Number:	
				5. Coverage Year:	2015
PART A – GENERAL INFORMATION					
6. Dairy Operation Name and Address Bob Smith			7. Type of Action: <input checked="" type="checkbox"/> New Contract <input type="checkbox"/> Annual Coverage Election <input type="checkbox"/> Successor-In-Interest <input type="checkbox"/> Contract Revision <input type="checkbox"/> Retirement <input type="checkbox"/> Permanent Dissolution		
8A. Does the dairy operation currently produce and commercially market milk?			YES	NO	
8B. Is the dairy operation facility currently being leased or rented?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Do all dairy producers in the operation make contributions (including land, labor, management, equipment, or capital) to the dairy operation, which are at least commensurate with their shares of the proceeds of the operation? <i>If "NO", indicate which producer(s) are not commensurate in Part F.</i>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Do any of the producers collectively have more than a 50% interest in both this dairy operation and another dairy operation that is covered under MPP - Dairy? <i>(Not applicable to CY 2014/2015 election period).</i>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Does any producer in the dairy operation currently have a policy under RMA's Livestock Gross Margin for Dairy Program (LGM-Dairy)? If "NO", skip to Part B.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. If "YES" to Item 11, what is the last month/year of target marketings insured under your LGM-Dairy policy?			(MM-YYYY)		
PART B – COVERAGE LEVEL THRESHOLD ELECTION					
13. Check one desired level:					
<input type="checkbox"/> \$4.00		<input type="checkbox"/> \$5.50		<input type="checkbox"/> \$7.00	
<input type="checkbox"/> \$4.50		<input checked="" type="checkbox"/> \$6.00		<input type="checkbox"/> \$7.50	
<input type="checkbox"/> \$5.00		<input type="checkbox"/> \$6.50		<input type="checkbox"/> \$8.00	
PART C – COVERAGE LEVEL PERCENTAGE ELECTION					
14. Check one desired level:					
<input type="checkbox"/> 25%		<input type="checkbox"/> 40%		<input type="checkbox"/> 55%	
<input type="checkbox"/> 30%		<input type="checkbox"/> 45%		<input type="checkbox"/> 60%	
<input type="checkbox"/> 35%		<input type="checkbox"/> 50%		<input type="checkbox"/> 65%	
				<input type="checkbox"/> 70%	
				<input type="checkbox"/> 75%	
				<input checked="" type="checkbox"/> 80%	
				<input type="checkbox"/> 85%	
				<input type="checkbox"/> 90%	
PART D – ESTABLISHED PRODUCTION HISTORY (For County Office Use Only)					
15. Enter applicable production history for the dairy operation from the MPP Production History and Premium Calculator Workbook:					5,301,126 lbs.
PART E – CALCULATED PREMIUM AND PREMIUM PAYMENT OPTIONS (For County Office Use Only)					
16. Calculated Premium Amount		17. Select the desired premium payment option below:		18. Calculated Totals	
\$ 5,076		<input checked="" type="checkbox"/> 100% of Calculated Premium <input type="checkbox"/> Alternative Amount (Must be 25% or more of calculated premium due no later than February 1 of the applicable calendar year of coverage). \$ _____		A. Administrative Fee due by end of election period	\$ 100.00
				B. Premium Minimum (Due by February 1 of the applicable year of coverage.)	\$ 0
				C. Remaining Balance (Due no later than June 1 of the applicable year of coverage.)	\$ 0

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).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, 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 program.intake@usda.gov. USDA is an equal opportunity provider and employer.

Completed CCC-782 When the Producer Is an Individual (Continued)

CCC-782 (11-25-14)

Page 2

PART F – CERTIFICATION AND SIGNATURES

This Contract to participate in the Margin Protection Program (MPP-Dairy) for dairy producers 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-782 Appendix, entitled "Appendix to Form CCC-782 Margin Protection Program" (referred to as "Appendix"). By signing this contract the Participant agrees to participate in the Margin Protection Program for the stipulated contract period from the date the Contract is executed by the CCC. As such, the participant will be legally obligated to pay the annual administrative fee for the duration of the MPP-Dairy program and all associated premiums for buy-up coverage elected by the participant. The participant also agrees to the coverage threshold and coverage level percentage elected above for the applicable calendar year of coverage and further understands that a coverage election must be made annually on form CCC-782 for the duration of the MPP-Dairy program during the open election periods designated by the CCC. By signing below, the Participant (1) agrees to the established production history in Part D; (2) acknowledges receipt of the CCC-782 Appendix, and agrees to abide by the terms and conditions contained therein; and (3) agrees to comply with the regulations governing the applicable program eligibility. 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-782 and in the CCC-782 Appendix and any addendum thereto. The Participant also agrees to not receive benefits under the Livestock Gross Margin program for dairy while participating in the Margin Protection Program for dairy producers. Payments under the MPP-Dairy program may be reduced by a certain percentage due to a sequester order required by Congress and issued pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985. Should a payment reduction be necessary, FSA will reduce the payment by the required amount. **BY SIGNING THIS CONTRACT, PRODUCERS ACKNOWLEDGE THAT A PRODUCTION HISTORY ESTABLISHMENT FORM CCC-781 WAS COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE DAIRY OPERATION ABOVE AND ACKNOWLEDGE THAT THE PRODUCTION HISTORY ESTABLISHED AND ENTERED ABOVE WILL BE USED FOR THE DURATION OF THE PROGRAM IN ACCORDANCE WITH REGULATIONS AT 7 CFR PART 1430, SUBPART C.**

19. Signature of Producer (By)	20. Title/Relationship of the Individual Signing in the Representative Capacity	21. Date (MM-DD-YYYY)	22. Share %	23. Commensurate		24. Refuse Payment		25. Point of Contact
				NO	YES	YES	NO	
/s/ <i>Bob Smith</i>	Self	12-19-2014	100%	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART G – CCC ACCEPTANCE AND APPROVAL

26A. COC or Designee Signature	26B. Date (MM-DD-YYYY)	26C. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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27. Remarks

NOTE: 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 1430, 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 to participate in and receive benefits under the Margin Protection Program for dairy producers. 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 to participate in and receive benefits under the Margin Protection Program for dairy producers.

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).

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.**

Completed CCC-782 When the Producer Is a Legal Entity and Joint Operation

The following is an example of CCC-782 completed for a producer who is a legal entity and joint operation.

<p>This form is available electronically.</p> <p>CCC-782 (11-25-14)</p> <p>U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation</p> <p align="center">MARGIN PROTECTION PROGRAM FOR DAIRY PRODUCERS (MPP-DAIRY) CONTRACT AND ANNUAL COVERAGE ELECTION</p>		<p align="center">For County Office Use Only</p> <p>1. Admin State Name: Minnesota</p> <p>2. Admin County Name: Goodhue</p> <p>3. Farm/Tract Number: 3829</p> <p>4. Dairy Operation Number:</p> <p>5. Coverage Year: 2015</p>	
<p>PART A – GENERAL INFORMATION</p>			
<p>6. Dairy Operation Name and Address ABC Dairy and Smith Brothers</p>		<p>7. Type of Action:</p> <p><input checked="" type="checkbox"/> New Contract <input type="checkbox"/> Annual Coverage Election <input type="checkbox"/> Successor-In-Interest</p> <p><input type="checkbox"/> Contract Revision <input type="checkbox"/> Retirement <input type="checkbox"/> Permanent Dissolution</p>	
8A. Does the dairy operation currently produce and commercially market milk?		YES	NO
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8B. Is the dairy operation facility currently being leased or rented?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Do all dairy producers in the operation make contributions (including land, labor, management, equipment, or capital) to the dairy operation, which are at least commensurate with their shares of the proceeds of the operation? <i>If "NO", indicate which producer(s) are not commensurate in Part F.</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Do any of the producers collectively have more than a 50% interest in both this dairy operation and another dairy operation that is covered under MPP - Dairy? <i>(Not applicable to CY 2014/2015 election period).</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Does any producer in the dairy operation currently have a policy under RMA's Livestock Gross Margin for Dairy Program (LGM-Dairy)? <i>If "NO", skip to Part B.</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. If "YES" to Item 11, what is the last month/year of target marketings insured under your LGM-Dairy policy?		(MM-YYYY)	
<p>PART B – COVERAGE LEVEL THRESHOLD ELECTION</p>			
<p>13. Check one desired level:</p> <p><input type="checkbox"/> \$4.00 <input type="checkbox"/> \$5.50 <input type="checkbox"/> \$7.00</p> <p><input type="checkbox"/> \$4.50 <input checked="" type="checkbox"/> \$6.00 <input type="checkbox"/> \$7.50</p> <p><input type="checkbox"/> \$5.00 <input type="checkbox"/> \$6.50 <input type="checkbox"/> \$8.00</p>			
<p>PART C – COVERAGE LEVEL PERCENTAGE ELECTION</p>			
<p>14. Check one desired level:</p> <p><input type="checkbox"/> 25% <input type="checkbox"/> 40% <input type="checkbox"/> 55% <input type="checkbox"/> 70% <input type="checkbox"/> 85%</p> <p><input type="checkbox"/> 30% <input type="checkbox"/> 45% <input type="checkbox"/> 60% <input type="checkbox"/> 75% <input checked="" type="checkbox"/> 90%</p> <p><input type="checkbox"/> 35% <input type="checkbox"/> 50% <input type="checkbox"/> 65% <input type="checkbox"/> 80%</p>			
<p>PART D – ESTABLISHED PRODUCTION HISTORY (For County Office Use Only)</p>			
15. Enter applicable production history for the dairy operation from the MPP Production History and Premium Calculator Workbook:		5,301,126 lbs.	
<p>PART E – CALCULATED PREMIUM AND PREMIUM PAYMENT OPTIONS (For County Office Use Only)</p>			
16. Calculated Premium Amount	17. Select the desired premium payment option below:		18. Calculated Totals
\$ 5,076	<input checked="" type="checkbox"/>	100% of Calculated Premium	A. Administrative Fee due by end of election period \$ 100.00
	<input type="checkbox"/>	Alternative Amount (Must be 25% or more of calculated premium due no later than February 1 of the applicable calendar year of coverage). \$ _____	B. Premium Minimum (Due by February 1 of the applicable year of coverage.) \$ 0
			C. Remaining Balance (Due no later than June 1 of the applicable year of coverage.) \$ 0
<p><small>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).</small></p> <p><small>If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, 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 program.intake@usda.gov. USDA is an equal opportunity provider and employer.</small></p>			

Completed CCC-782 When the Producer Is a Legal Entity and Joint Operation (Continued)

CCC-782 (11-25-14)					Page 2		
PART F – CERTIFICATION AND SIGNATURES							
<p>This Contract to participate in the Margin Protection Program (MPP-Dairy) for dairy producers 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-782 Appendix, entitled "Appendix to Form CCC-782 Margin Protection Program" (referred to as "Appendix"). By signing this contract the Participant agrees to participate in the Margin Protection Program for the stipulated contract period from the date the Contract is executed by the CCC. As such, the participant will be legally obligated to pay the annual administrative fee for the duration of the MPP-Dairy program and all associated premiums for buy-up coverage elected by the participant. The participant also agrees to the coverage threshold and coverage level percentage elected above for the applicable calendar year of coverage and further understands that a coverage election must be made annually on form CCC-782 for the duration of the MPP-Dairy program during the open election periods designated by the CCC. By signing below, the Participant (1) agrees to the established production history in Part D; (2) acknowledges receipt of the CCC-782 Appendix, and agrees to abide by the terms and conditions contained therein; and (3) agrees to comply with the regulations governing the applicable program eligibility. 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-782 and in the CCC-782 Appendix and any addendum thereto. The Participant also agrees to not receive benefits under the Livestock Gross Margin program for dairy while participating in the Margin Protection Program for dairy producers. Payments under the MPP-Dairy program may be reduced by a certain percentage due to a sequester order required by Congress and issued pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985. Should a payment reduction be necessary, FSA will reduce the payment by the required amount. BY SIGNING THIS CONTRACT, PRODUCERS ACKNOWLEDGE THAT A PRODUCTION HISTORY ESTABLISHMENT FORM CCC-781 WAS COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE DAIRY OPERATION ABOVE AND ACKNOWLEDGE THAT THE PRODUCTION HISTORY ESTABLISHED AND ENTERED ABOVE WILL BE USED FOR THE DURATION OF THE PROGRAM IN ACCORDANCE WITH REGULATIONS AT 7 CFR PART 1430, SUBPART C.</p>							
19. Signature of Producer (By)	20. Title/Relationship of the Individual Signing in the Representative Capacity	21. Date (MM-DD-YYYY)	22. Share %	23. Commensurate	24. Refuse Payment		25. Point of Contact
				NO	YES	NO	
/s/ <i>John Smith</i>	Co-Owner	12-19-2014	50%	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
/s/ <i>Bob Smith</i>	Co-Owner	12-19-2014	25%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
/s/ <i>Jim Smith</i>	Co-Owner	12-19-2014	25%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART G – CCC ACCEPTANCE AND APPROVAL							
26A. COC or Designee Signature				26B. Date (MM-DD-YYYY)	26C.		
					<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
27. Remarks							
<p>NOTE: 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 1430, 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 to participate in and receive benefits under the Margin Protection Program for dairy producers. 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 to participate in and receive benefits under the Margin Protection Program for dairy producers.</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>							