

For: Tobacco State and County Offices

Tobacco Payment Program (TOPP) Application Processing

Approved by: Deputy Administrator, Farm Programs



1 Overview

A Background

Notice TB-1070 instructed County Offices to announce TOPP provisions. TOPP will provide direct payments to all acreage allotment/marketing quota holders and tobacco growers to help enhance the economic stability of tobacco producers.

B Purpose

This notice provides instructions for processing CCC-952.

Disposal Date December 1, 2003	Distribution Tobacco State Offices; State Offices relay to applicable County Offices
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Notice TB-1073

2 County Office Action

A Completing CCC-952

The following are instructions for manually completing a CCC-952. See Exhibit 1.

Notes: The manually completed CCC-952 will be used to load application data into the System 36.

Use CCC-952 (02-27-03).

Item	Instructions
1	Enter State code.
2	Enter county code.
3	Enter FSN.
4	Check applicable kind of tobacco. Note: A separate CCC-952 must be filed for each kind of tobacco.
5A and 5B	Enter the name, address, and telephone number.
6	Enter identification number for the farm operator.
7A and 7B	Enter the administrative County Office name, address, and telephone number.

Notice TB-1073

2 County Office Action (Continued)

B Completing CCC-952, Part B

Part B shall be completed as follows by owners for all eligible kinds of tobacco.

Item	Instructions
8	Enter the total basic quota pounds for the farm using the information available from Menu MNH000, option 1 and/or option 2.
9A	Enter the name and address of the first quota owner. Note: Because CCC-952 is taken by farm for a selected kind of tobacco, when multiple owners share in the same basic quota on the farm, all owners shall be included on the same application.
9B	Enter identification number of the first quota owner.
9C	Enter basic quota pounds allocated by owner.
9D	Signature of first quota owner.
9E	Enter date of first quota owner signature.
10A through 10E	Repeat items 9A through 9E for each additional quota owner, if applicable. Note: Use CCC-952-A for additional quota owners. See Exhibit 2.
11	Enter the total pounds allocated in items 9 and 10, plus any additional quota owner allocated pounds listed on CCC-952-A. Note: The total may differ from item 8 because of rounding quota or undesignated pounds.
12	Check if additional owners, controllers, or growers are included on CCC-952-A.

Notice TB-1073

2 County Office Action (Continued)

C Completing CCC-952, Part C

Part C shall be completed as follows by controllers for Burley (type 31), Fire-Cured (types 21-23), Dark Air-Cured (Types 35-36) and Virginia Sun-Cured (type 37).

Item	Instructions
13	Enter the total effective quota pounds for the farm before any approved disaster lease and transfer pounds.
14A	Enter the name and address of the first controller. Note: When multiple controllers share in the same effective quota on the farm, all controllers shall be included on the same application. The allocated pounds must reflect the division of payment pounds.
14B	Enter identification number of first controller.
14C	Enter effective quota pounds allocated by first controller.
14D	Signature of first controller.
14E	Enter date of signature of first controller.
15A through 15E	Repeat items 14A through 14E for each additional controller, if applicable. Note: Use CCC-952-A for additional controllers.
16	Enter the total pounds allocated in items 14 and 15, plus any additional controller allocated pounds listed on CCC-952-A. Note: The total may differ from item 13 because of rounding quota or undesignated pounds.

Notice TB-1073

2 County Office Action (Continued)

D Completing CCC-952, Part D

Part D shall be completed as follows by all growers/tenants and producers for all eligible kinds of tobacco.

Item	Instructions
17	Enter the total basic or effective quota pounds (before any approved disaster lease and transfer pounds) for the farm, as applicable.
18A	Enter the name and address of the first grower/tenant.
18B	Enter identification number of the first grower/tenant or producer.
18C	Enter quota pounds allocated by the first grower/tenant or producer.
18D	The grower/tenant or producer entered in item 18A shall sign.
18E	The grower/tenant or producer entered in item 18A shall date.
19A through 19E	Repeat items 18A through 18E for each additional grower/tenant or producer, if applicable. Note: Use CCC-952-A for any additional grower/tenant or producer.
20	Enter the total pounds allocated in items 18 and 19, plus any additional grower/tenant or producer allocated pounds listed on CCC-952-A. Note: The total may differ from item because of rounding quota or undesignated pounds.

E Completing CCC-952, Part E

Part E shall be completed by COC as follows.

Item	Instructions
20A	COC, or designee, must check applicable box.
20B	COC, or designee, must sign.
20C	COC, or designee, must date.

CCC-952, Tobacco Payment Program Application TOPP

This form is available electronically.

CCC-952 U.S. DEPARTMENT OF AGRICULTURE (02-27-03) Commodity Credit Corporation TOBACCO PAYMENT PROGRAM APPLICATION TOPP <small>The authority for collecting the following information is Pub. L. 108-7. This authority allows for collection of information without prior OMB approval mandated by the Paperwork Reduction Act 1995.</small>	1. STATE CODE 37	2. COUNTY CODE 001	3. FSN 413
	4. KIND OF TOBACCO <input checked="" type="checkbox"/> FLUE-CURED (TYPES 11-14) <input type="checkbox"/> BURLEY (TYPE 31) <input type="checkbox"/> DARK AIR-CURED (TYPES 35, 36) <input type="checkbox"/> VA SUN-CURED (TYPE 37) <input type="checkbox"/> FIRE-CURED (TYPES 21-23) <input type="checkbox"/> CIGAR FILLER/BINDER (TYPES 42-44 and 54-55)		

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 Consolidated Appropriations Resolution of 2003, (Pub. L. 108-7). The information will be used to determine eligibility for program benefits. Furnishing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility. 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. All information provided herein is subject to verification by the Commodity Credit Corporation. As provided in various statutes, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

5A. OPERATOR NAME AND ADDRESS (Including ZIP Code) Tommy Laney 5960 Tobacco Rd Wilson, NC 28306	7A. COUNTY OFFICE NAME AND ADDRESS (Including ZIP Code) Cumberland County FSA Office PO Box 1000 Fayetteville, NC 28210
5B. TELEPHONE NUMBER (Include Area Code): (919) 555-5555	7B. TELEPHONE NUMBER (Include Area Code): (919) 222-2222
6. SOCIAL SECURITY NUMBER OR EIN: 444-55-6666	

PART A - PRODUCER'S CERTIFICATION

I certify that all the information entered on this application is true and correct. I also certify that I am a person who owns or leases quota or who produces eligible tobacco on a farm: 1) for which the quantity of quota of eligible tobacco was established for 2002 crop year under the Agricultural Adjustment Act of 1938, as amended. Providing a false certification to the government is punishable by imprisonment, fines, and other penalties. All information provided herein is subject to verification by the Farm Service Agency. The provision of criminal and civil fraud statutes that apply to this certification, includes 18 USC 286, 297, 371, 641, 651, 1001 and 1014; USC 714m; and 31 USC 3729.

By signing this document, I am acknowledging I have read this certification and agree to the terms of the certification as stated above.

PART B - ALLOCATION OF OWNER 2002 BASIC QUOTA POUNDS (TO BE COMPLETED FOR ALL ELIGIBLE KINDS OF TOBACCO)

LIST PERSON(S) OR ENTITIES WHO OWN THE TOBACCO QUOTA FOR THE FSN LISTED IN ITEM 3 ABOVE:	8. TOTAL BASIC QUOTA POUNDS TO BE ALLOCATED FOR THE FSN LISTED IN ITEM 3: ➔	87,000
9A. OWNER NAME AND ADDRESS (Including ZIP Code) Thomas Smith 4500 Sunset Rd Wilson, NC 28321	9C. POUNDS ALLOCATED BY OWNER ➔	87,000
9B. SOCIAL SECURITY NUMBER OR EIN: 444-55-6666	9E. DATE (MM-DD-YYYY) 03-17-2003	
9D. SIGNATURE OF OWNER /s/ Thomas Smith	10C. POUNDS ALLOCATED BY OWNER ➔	
10A. OWNER NAME AND ADDRESS (Including ZIP Code)	10E. DATE (MM-DD-YYYY)	
10B. SOCIAL SECURITY NUMBER OR EIN:		
10D. SIGNATURE OF OWNER		
11. TOTAL BASIC QUOTA POUNDS ALLOCATED, BRING FORWARD TOTALS FROM CCC-952-A CONTINUATION, IF APPLICABLE (MUST NOT EXCEED BASIC QUOTA POUNDS LISTED IN ITEM 8.) ➔		87,000
12. CHECK IF ADDITIONAL OWNERS, CONTROLLERS OR GROWERS ARE INCLUDED ON CCC-952-A (CONTINUATION FORM) <input type="checkbox"/>		

CCC-952, Tobacco Payment Program Application TOPP (Continued)

CCC-952 (02-27-03)

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PART C - ALLOCATION OF CONTROLLER 2002 EFFECTIVE QUOTA POUNDS

LIST PERSONS OR ENTITIES WHO CONTROLLED THE LAND USED TO PRODUCE TOBACCO AND SHARED IN THE RISK OF PRODUCTION: (COMPLETE ONLY IF APPLICABLE.)		13. TOTAL EFFECTIVE QUOTA POUNDS TO BE ALLOCATED FOR THE FSN LISTED IN ITEM 3: ➡	N/A
14A. CONTROLLER NAME AND ADDRESS (Including ZIP Code)			
14B. SOCIAL SECURITY NUMBER OR EIN:		14C. POUNDS ALLOCATED BY CONTROLLER ➡	
14D. SIGNATURE OF CONTROLLER		14E. DATE (MM-DD-YYYY)	
15A. CONTROLLER NAME AND ADDRESS (Including ZIP Code)			
15B. SOCIAL SECURITY NUMBER OR EIN:		15C. POUNDS ALLOCATED BY CONTROLLER ➡	
15D. SIGNATURE OF CONTROLLER		15E. DATE (MM-DD-YYYY)	
16. TOTAL EFFECTIVE QUOTA POUNDS ALLOCATED, BRING FORWARD TOTALS FROM CCC-952-A CONTINUATION, IF APPLICABLE (MUST NOT EXCEED EFFECTIVE QUOTA POUNDS LISTED IN ITEM 13.)		➡	N/A

ADDITIONAL CONTROLLERS MUST BE INCLUDED ON CCC-952-A (CONTINUATION FORM)

PART D - ALLOCATION OF GROWER 2002 BASIC OR EFFECTIVE QUOTA POUNDS AS APPLICABLE

LIST ONLY GROWERS WHO PROVIDED LABOR TO PRODUCE TOBACCO AND SHARED IN THE RISK OF PRODUCTION:		17. TOTAL BASIC OR EFFECTIVE QUOTA POUNDS TO BE ALLOCATED FOR THE FSN LISTED IN ITEM 3: ➡	87,000
18A. GROWER NAME AND ADDRESS (Including ZIP Code)			
Tommy Laney 5960 Tobacco Rd Wilson, NC 28306			
18B. SOCIAL SECURITY NUMBER OR EIN: 444-55-6666		18C. POUNDS ALLOCATED BY GROWER ➡	87,000
18D. SIGNATURE OF GROWER /s/ Tommy Laney		18E. DATE (MM-DD-YYYY) 03-21-2003	
19A. GROWER NAME AND ADDRESS (Including ZIP Code)			
19B. SOCIAL SECURITY NUMBER OR EIN:		19C. POUNDS ALLOCATED BY GROWER ➡	
19D. SIGNATURE OF GROWER		19E. DATE (MM-DD-YYYY)	
20. TOTAL EFFECTIVE QUOTA POUNDS ALLOCATED, BRING FORWARD TOTALS FROM CCC-952-A CONTINUATION, IF APPLICABLE (MUST NOT EXCEED EFFECTIVE QUOTA POUNDS LISTED IN ITEM 18.)		➡	87,000

ADDITIONAL GROWERS MUST BE INCLUDED ON CCC-952-A (CONTINUATION FORM)

PART E - COC DETERMINATION

20A. APPLICATION STATUS <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	20B. SIGNATURE OF COC /s/ Frank Smith	20C. DATE (MM-DD-YYYY) 04-03-2003
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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.

CCC-952-A, Tobacco Loss Assistance Program Payment Application TOPP (Continuation Sheet)

This form is available electronically.

<p>CCC-952-A (Continuation) (02-27-03)</p> <p style="text-align: center;">U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation</p> <p style="text-align: center;">TOBACCO PAYMENT PROGRAM APPLICATION TOPP (CONTINUATION SHEET)</p> <p><i>This form must be attached to CCC-952.</i></p> <p><i>The authority for collecting the following information is Pub. L. 108-7. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act 1995.</i></p> <p><i>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 Consolidated Appropriations Resolution of 2003, (Pub. L. 108-7). The information will be used to determine eligibility for program benefits. Furnishing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility. 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. All information provided herein is subject to verification by the Commodity Credit Corporation. As provided in various statutes, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</i></p>	<p>1. STATE CODE</p>	<p>2. COUNTY CODE</p>	<p>3. FSN</p>						
<p>4. KIND OF TOBACCO</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> FLUE-CURED (TYPES 11-14)</td> <td><input type="checkbox"/> BURLEY (TYPE 31)</td> </tr> <tr> <td><input type="checkbox"/> DARK AIR-CURED (TYPES 35, 36)</td> <td><input type="checkbox"/> VA SUN-CURED (TYPE 37)</td> </tr> <tr> <td><input type="checkbox"/> FIRE-CURED (TYPES 21-23)</td> <td><input type="checkbox"/> CIGAR FILLER/BINDER (TYPES 42-44 and 54-55)</td> </tr> </table>				<input type="checkbox"/> FLUE-CURED (TYPES 11-14)	<input type="checkbox"/> BURLEY (TYPE 31)	<input type="checkbox"/> DARK AIR-CURED (TYPES 35, 36)	<input type="checkbox"/> VA SUN-CURED (TYPE 37)	<input type="checkbox"/> FIRE-CURED (TYPES 21-23)	<input type="checkbox"/> CIGAR FILLER/BINDER (TYPES 42-44 and 54-55)
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<p>5. PAGE _____ OF _____</p>									

6A. NAME AND ADDRESS (Including ZIP Code)		7A. NAME AND ADDRESS (Including ZIP Code)	
6B. SOCIAL SECURITY NO. OR EIN	6C. NO. OF POUNDS ALLOCATED	7B. SOCIAL SECURITY NO. OR EIN	7C. NO. OF POUNDS ALLOCATED
<p>6D. TYPE OF ALLOCATED POUNDS</p> <input type="checkbox"/> OWNER BASIC POUNDS <input type="checkbox"/> CONTROLLER EFFECTIVE POUNDS <input type="checkbox"/> GROWER BASIC OR EFFECTIVE POUNDS		<p>7D. TYPE OF ALLOCATED POUNDS</p> <input type="checkbox"/> OWNER BASIC POUNDS <input type="checkbox"/> CONTROLLER EFFECTIVE POUNDS <input type="checkbox"/> GROWER BASIC OR EFFECTIVE POUNDS	
6E. SIGNATURE	6F. DATE (MM-DD-YYYY)	7E. SIGNATURE	7F. DATE (MM-DD-YYYY)
8A. NAME AND ADDRESS (Including ZIP Code)		9A. NAME AND ADDRESS (Including ZIP Code)	
8B. SOCIAL SECURITY NO. OR EIN	8C. NO. OF POUNDS ALLOCATED	9B. SOCIAL SECURITY NO. OR EIN	9C. NO. OF POUNDS ALLOCATED
<p>8D. TYPE OF ALLOCATED POUNDS</p> <input type="checkbox"/> OWNER BASIC POUNDS <input type="checkbox"/> CONTROLLER EFFECTIVE POUNDS <input type="checkbox"/> GROWER BASIC OR EFFECTIVE POUNDS		<p>9D. TYPE OF ALLOCATED POUNDS</p> <input type="checkbox"/> OWNER BASIC POUNDS <input type="checkbox"/> CONTROLLER EFFECTIVE POUNDS <input type="checkbox"/> GROWER BASIC OR EFFECTIVE POUNDS	
8E. SIGNATURE	8F. DATE (MM-DD-YYYY)	9E. SIGNATURE	9F. DATE (MM-DD-YYYY)
10A. NAME AND ADDRESS (Including ZIP Code)		11A. NAME AND ADDRESS (Including ZIP Code)	
10B. SOCIAL SECURITY NO. OR EIN	10C. NO. OF POUNDS ALLOCATED	11B. SOCIAL SECURITY NO. OR EIN	11C. NO. OF POUNDS ALLOCATED
<p>10D. TYPE OF ALLOCATED POUNDS</p> <input type="checkbox"/> OWNER BASIC POUNDS <input type="checkbox"/> CONTROLLER EFFECTIVE POUNDS <input type="checkbox"/> GROWER BASIC OR EFFECTIVE POUNDS		<p>11D. TYPE OF ALLOCATED POUNDS</p> <input type="checkbox"/> OWNER BASIC POUNDS <input type="checkbox"/> CONTROLLER EFFECTIVE POUNDS <input type="checkbox"/> GROWER BASIC OR EFFECTIVE POUNDS	
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