



United States  
Department of  
Agriculture

Farm  
Production  
and  
Conservation

Farm  
Service  
Agency

Farm Programs  
1400 Independence Ave, SW  
Stop 0512  
Washington, DC 20250-0512  
Voice: 202-720-7901

Dear Producer,

Thank you for your interest in the Seafood Trade Relief Program (STRP). STRP provides direct support to U.S. commercial fishermen who hold a valid federal or state license or permit. The catch must be sold to a permitted or licensed seafood dealer or by a permitted dealer if the catch is processed at sea. **The deadline to complete the CCC-916 STRP Application form is December 14, 2020. The deadline to complete eligibility paperwork is 60 days from the date the CCC-916 application is signed.**

Please find the following documents needed to complete your application contained in this packet:

- AD-2047 Customer Data Worksheet
- AD-2106 Form to Assist in Assessment of USDA Compliance with Civil Rights Laws
- CCC-941 Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information
- CCC-942 Certification of Income from Farming, Ranching, and Forestry Operations
- CCC-902E Farm Operating Plan for Entities
- CCC-902I Short Form Farm Operating Plan for Individuals
- CCC-901 Member's Information for Entities
- SF-3881 Payment Enrollment Form
- CCC-916 STRP Application

In addition to the above forms, you may be asked to provide the following supporting documents:

- Your 2019 and/or 2020 commercial fishing licenses, including any licenses you have leased
- Documentation showing the quantity of product you sold to your seafood dealer(s) in 2019.

Please note, a percentage of program participants will be spot checked at a later date. If you are selected for an audit of your certified production, these records will be required.

If you are applying to STRP as an entity, please follow the instruction on page 3. If you are applying to programs as an individual, sole proprietor, or DBA, follow the instruction on page 5.

Once the packet is complete, please return the applicable forms and supporting documentation to your local county FSA office. You can find the contact information for your local office by going to <https://www.farmers.gov/service-center-locator>.

Sincerely,

Farm Service Agency  
United States Department of Agriculture

# SEAFOOD TRADE RELIEF PROGRAM

USDA is helping U.S. fishermen who have been impacted by retaliatory tariffs from foreign governments through the Seafood Trade Relief Program (STRP).

## Overview

STRP is part of a relief strategy to support American producers while the Administration continues to work on free, fair, and reciprocal trade deals to open more markets to help American farmers and fishermen compete globally.

STRP is funded by the Commodity Credit Corporation (CCC) and administered by the Farm Service Agency. FSA is accepting applications for STRP from **September 14, 2020 to December 14, 2020**.

## Who is Eligible?

The program provides direct support to U.S. commercial fishermen who have a valid federal or state license or permit to catch seafood who bring their catch to shore and sell or transfer them to another party. That other party must be a legally permitted or licensed seafood dealer. Alternatively, the catch can be processed at sea and sold by the same legally permitted entity that harvested or processed the seafood.

Products grown in a controlled environment are not eligible for the program except for geoducks and salmon.

Payments are based on 2019 landings of:

- Atka mackerel
- Crab (Dungeness, King, Snow, Southern Tanner)
- Flounder
- Geoduck
- Goosefish
- Herrings
- Lobster
- Pacific Cod
- Pacific Ocean Perch
- Pollock
- Sablefish
- Salmon
- Sole
- Squid
- Tuna
- Turbot



STRP assists U.S. licensed or permitted commercial fishermen for covered species caught in U.S. waters. Seafood processors and processed products are not covered by this program.

## Payment Limitations

STRP prohibits a person or legal entity from receiving more than \$250,000 from the program. In addition, an applicant's average adjusted gross income (AGI) cannot exceed \$900,000 unless at least 75 percent of the AGI of the person or entity comes from farming, ranching, forestry, seafood harvesting, or related activities.

## How to Apply

Fishermen should contact their local USDA Service Center to apply for the program. To find your local Service Center, visit [Farmers.gov/service-locator](https://www.farmers.gov/service-locator).

The STRP application can be found on September 14, 2020 at [Farmers.gov/Seafood](https://www.farmers.gov/Seafood). FSA will work with fishermen via phone, email, fax, mail or online tools like Box and Onespan, and in person appointments where applicable.

A Call Center is available for fishermen who would like additional one-on-one support with the STRP application process. Please call 877-508-8364 to speak directly with a USDA employee ready to offer assistance.

## More Information

This fact sheet is for informational purposes only, other restrictions may apply. For more information about the STRP program, visit [Farmers.gov/Seafood](https://www.farmers.gov/Seafood).

## Instructions for Individuals

- Individuals are: a single person, sole proprietor, as single person doing business under a business name (does not include single member LLCs, see instructions for entities on page 3). If you are a sole proprietor or DBA, you must complete all forms as an individual, using your name and your SSN.

### AD-2047 Customer Data Worksheet Instructions

Please fill out information in part A. In item #6, please include all current mailing addresses.

### AD-2106 Form to Assist in Assessment of USDA Compliance with Civil Rights Laws

This form is optional. Please fill out the information as requested on the form.

### CCC-941 Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information Instructions

This form is commonly referred to as the AGI form. This form is provided to the IRS for verification. Therefore, it is imperative that the form is filled out legibly and completely. You must provide your full name, address, and SSN as seen on your tax records. Only providing the last four of the SSN is not acceptable. Instructions on how to calculate your AGI are provided on page 12. Spousal signature authority and other powers of attorney cannot be accepted on this form unless they have been approved by the FSA regional attorney. After following the instructions on page 12, if you find that your adjusted gross income is above \$900,000 please select the "More than \$900,000" box in item #5. If this box is selected but 75% of your income comes from a farming, ranching, or fishing operation, you may still be eligible for the program. Please fill out the CCC-942 form described below.

### CCC-942 Certification of Income from Farming, Ranching and Forestry Operations

This form is only needed if item #5 of the CCC-941 is marked "More than \$900,000," but 75% of your income comes from a farming, ranching, or fishing operation. Please fill out the highlighted portions of this form. Instructions for completing the form can be found on page 14. Once signed, your certified public accountant (CPA) or attorney must review the form and complete Part C.

### CCC-902I Short Form Farm Operating Plan for an Individual

Please fill out the highlighted portions of this form. If you are a minor, please request a standard CCC-902 from the county office. If you are not a citizen, but are a legal resident, please provide a copy of your green card (I-551).

### CCC-901 Member's Information Instructions

Individuals do not need to complete this form.

**SF-3881 Payment Enrollment Form Instructions**

Please complete the highlighted sections of this form. Then, either provide the county office with a voided check (an image/scan of a voided check is acceptable) or have an authorized official from the financial institution sign at the bottom of the form.

**CCC-916 STRP Application Instructions**

Please fill out parts B, C, and D where highlighted.

**AD-2047**  
(03-30-17)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency  
Rural Development  
Natural Resources Conservation Service

**CUSTOMER DATA WORKSHEET REQUEST FOR BUSINESS PARTNER RECORD CHANGE**

(See Page 2 for Privacy Act and Paperwork Reduction Act Statements)

**PART A – CUSTOMER INFORMATION**

1A. Customer's Full Name or Business Name		1B. Customer or Business Address (Including Zip Code)	
1C. Home Telephone Number (Area Code)	1D. Business Telephone Number (Area Code)	1E. Other Telephone Number (Area Code)	
2. SSN or Tax ID Number (9 Digits)		3. E-Mail Address	
4A. Does the customer want to receive mail by USPS? <input type="checkbox"/> YES <input type="checkbox"/> NO	4B. Does the customer want to receive e-mails via GovDelivery? <input type="checkbox"/> YES <input type="checkbox"/> NO	4C. Does the customer want to receive sensitive (but non-PII) Producer or Farm Specific related emails? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Producer is Customer of One or More of the Following Agencies. (Check Appropriate Agency(ies) below): <input type="checkbox"/> FSA <input type="checkbox"/> RD <input type="checkbox"/> NRCS <input type="checkbox"/> Not Participating			
6. Is the Customer a Multi-County Producer? <input type="checkbox"/> YES (If "YES," list States and/or Counties below:) <input type="checkbox"/> NO			
7. Reason for Request (Check appropriate box(es) below): <input type="checkbox"/> New Producer <input type="checkbox"/> Address Change <input type="checkbox"/> Telephone Change <input type="checkbox"/> Sale/Purchase <input type="checkbox"/> Life Event <input type="checkbox"/> Other (Specify):			
8. Enter the name of the customer requesting the record change(s). If documentation is received by Fax or from a trusted source (i.e., USPS), attach documentation to this form. Only Part A, Item 1A and Part B shall be completed. If the request was received by telephone, complete applicable blocks necessary to document the change(s) and enter the requestor's name in Item 8A. Requestor's signature is not required. <b>(The only time the customer is required to sign Item 8B is when they are physically at a Service Center and providing FSA with applicable information.)</b>			
8A. Name of Customer Requesting Change		8B. Customer Signature	8C. Date of Record Change (MM-DD-YYYY)

**PART B – SERVICE CENTER ACTION**

9A. Agency Who Received Request: (Check one below) <input type="checkbox"/> FSA <input type="checkbox"/> NRCS <input type="checkbox"/> RD		9B. Initials of Employee Receiving Request (If Different than Item 12A)	9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
10. How the Request for Change was Received: <input type="checkbox"/> Office Visit <input type="checkbox"/> Telephone <input type="checkbox"/> FAX <input type="checkbox"/> USPS <input type="checkbox"/> Other (Specify):			
11. Remarks if Applicable:			
12A. Signature of Employee Updating Business Partner if not initiated in Item 9B.		12B. Date Service Center Employee Updating Business Partner (MM-DD-YYYY)	
<b>FOR DISTRICT DIRECTOR/AREA CONSERVATIONIST USE ONLY. (OPTIONAL)</b>			
13A. I concur/do not concur the above items have been properly updated. <input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur			
13B. Name of District Director/Area Conservationist for Spot Check		13C. Signature of District Director/Area Conservationist for Spot Check	
13D. Title		13E. Date (MM-DD-YYYY)	

**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 the Computer Security Act of 1987 (Pub. L. 100-235), OMB Circular A-123, Federal Managers' Financial Integrity Act of 1982, and Privacy Act of 1974 (5 USC 552a - as amended). The information will be used to document a request by the producer for changes to the business partner record. 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 Notices for USDA/FSA-2, Farm Records File (Automated), USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files, and USDA/RD-1, Applicant, Borrower, Grantee, or Tenant File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to request changes within the business partner record.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0265 and 0560-0289. The time required to complete this information collection is estimated to average 10 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.

The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

This form is available electronically.

<b>CCC-941</b> (01-24-19)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	<b>1. Return completed form to:</b>  <i>(Name and address of FSA county office or USDA Service Center)</i>
<b>AVERAGE ADJUSTED GROSS INCOME (AGI) CERTIFICATION AND CONSENT TO DISCLOSURE OF TAX INFORMATION</b>		

**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 1400, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (Pub. L. 99-198), the Agricultural Act of 2014 (Pub. L. 113-79), and the Agriculture Improvement Act of 2018 (Pub. L. 115-334). The information will be used to determine eligibility for program benefits. 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 USD A/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 program benefits.

*This information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B). PLEASE RETURN COMPLETED FORM TO FSA AT THE ABOVE ADDRESS.*

<b>2. Name and Address of Individual or Legal Entity (Including Zip Code)</b>	<b>3. Taxpayer Identification Number (TIN) (Social Security Number for Individual; or Employer Identification Number for Legal Entity)</b>
<i>(Use the same name and address as used for the tax return specified in Part B.)</i>	

**PART A – CERTIFICATION OF AVERAGE ADJUSTED GROSS INCOME**

**4. The program year for payment eligibility**

**A. 2020** Enter the year for which program benefits are requested. The period for calculation of the average AGI will be of the three taxable years preceding the most immediately preceding complete taxable year for which benefits are requested. For example, the 3-year period for the calculation of the average AGI for 2019 would be the taxable years of 2017, 2016 and 2015.

**5. I certify that the average adjusted gross income of the individual or legal entity in Item 2 (for the year included in Item 4) was:**

**A.**  Less than (or equal to) \$900,000

**B.**  More than \$900,000

**PART B – CONSENT TO DISCLOSURE OF TAX INFORMATION**

Pursuant to 26 U.S.C. §6103, I hereby authorize the Internal Revenue Service (IRS) to review the following items of "return information" (as defined in 26 U.S.C. §6103(b)(2)) from the returns (as specified below) of the individual or legal entity identified in Item 2 for the taxable years indicated in Item 4:

- |   |   |
|---|---|
| <b>Form 1040 and 1040NR filers:</b> farm income or loss; adjusted gross income  | <b>Form 1120, 1120A, 1120C filers:</b> charitable contributions, taxable income |
| <b>Form 1041 filers:</b> farm income or loss, charitable contributions, income distribution deductions, exemptions, adjusted total income; total income | <b>Form 1120S filers:</b> ordinary business income                              |
| <b>Form 1065 filers:</b> guaranteed payments to partners, ordinary business income  | <b>Form 990T:</b> unrelated business taxable income                             |

I understand the IRS will review these items of return information in order to perform calculations, the results of which I authorize to be disclosed to officers and employees of the United States Department of Agriculture (USDA) for use in determining the individual's or legal entity's eligibility for specified payments for various commodity and conservation programs. The calculations performed by the IRS use a methodology prescribed by the USDA. In addition, I am aware that the USDA may use the information received for compliance purposes related to this eligibility determination, including referrals to the Department of Justice.

Specially, the IRS will disclose to the USDA the individual's or legal entity's name and TIN, and inform the USDA if, pursuant to its calculations, the average Adjusted Gross Income (AGI) is above or below eligibility requirements as prescribed by the Agricultural Act of 2014 or Agricultural Improvement Act of 2018. The IRS will also disclose to the USDA the type of return from which the information used for the calculations was obtained.

If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the specified return has not been filed, for any of the taxable years indicated, the IRS may disclose that it was unable to locate a return, or that a return was not filed, for those years, whichever is applicable.

**An approved Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority when completing this form.**

- By signing this form:
- I acknowledge that I have read and reviewed all definitions and requirements on Page 2 of this form;
  - I certify that all information contained within this certification is true and correct; and is consistent with the tax returns filed with the IRS;
  - I agree to authorize CCC to obtain tax data from the IRS for AGI compliance verification purposes by filing this form;
  - I am aware that without this consent to disclosure, the returns and return information of the individual or legal entity identified in Item 2 are confidential and are protected by law under the Internal Revenue Code;
  - I certify that I am authorized under applicable state law to execute this consent on behalf of the legal entity identified in Item 2 (for legal entity only).

<b>6. Signature (By)</b>	<b>7. Title/Relationship of the Individual if Signing in a Representative Capacity for a legal entity</b>	<b>8. Date (MM-DD-YYYY)</b>
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.escr.usda.gov/complaint\\_filing\\_cust.html](http://www.escr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov) USDA is an equal opportunity provider, employer, and lender.

**GENERAL INFORMATION ON AVERAGE ADJUSTED GROSS INCOME – PART A**

Individuals or legal entities that receive benefits under most programs administered by CCC cannot have incomes that exceed a certain limit set by law. For entities, both the entity itself, and its members cannot exceed the income limitation. If a member, whether an individual or an entity, of an entity exceeds the limitation, payments to that entity will be commensurately reduced according to that member's direct or indirect ownership share in the entity. (All members of the entity must also submit this form to verify income the limitation is met.)

**Adjusted Gross Income** is the individual's or legal entity's IRS-reported adjusted gross income consisting of both farm and nonfarm income. A three-year average of that income will be computed for the three years of the relevant base period identified on the first page of this form to determine eligibility for the applicable program year. Individuals or legal entities with average **adjusted gross income** greater than \$900,000 shall be ineligible for all payments and benefits under the commodity, price support, disaster assistance, and conservation programs .

**HOW TO DETERMINE ADJUSTED GROSS INCOME (AGI)**

**Individual** – Internal Revenue Service (IRS) Form 1040 filers, specific lines on that form represent the adjusted gross income and the income from farming, ranching, or forestry operations.

**Trust or Estate** – the adjusted gross income is the total income and charitable contributions reported to IRS.

**Corporation** – the adjusted gross income is the total of the final taxable income and any charitable contributions reported to IRS.

**Limited Partnership (LP), Limited Liability Company (LLC), Limited Liability Partnership (LLP) or Similar Entity** – the adjusted gross income is the total income from trade or business activities plus guaranteed payments to the members as reported to the IRS.

**Tax-exempt Organization** – the adjusted gross income is the unrelated business taxable income excluding any income from non-commercial activities as reported to the IRS.

**HOW TO DETERMINE AVERAGE ADJUSTED GROSS INCOME**

The period for calculation of the average AGI will be of the three taxable years preceding the most immediately preceding complete taxable year for which benefits are requested. This table shows examples for applicable years to be used in determining average AGI.

IF the crop year is...	THEN... Average AGI will be based on the following years...
2019	2017, 2016, and 2015
2020	2018, 2017, and 2016
2021	2019, 2018, and 2017
2022	2020, 2019, and 2018
2023	2021, 2020, and 2019

**GENERAL INFORMATION ON CONSENT TO DISCLOSURE OF TAX INFORMATION – PART B**

This consent allows IRS's access to, and use of, certain items of return information to perform calculations, using a methodology prescribed by the USDA, that will assist USDA in its verification of a program participant's compliance with the adjusted gross income (AGI) limitations necessary for participation in, and receipt of, commodity, conservation, price support or disaster program benefits. This consent also permits the USDA to receive certain items of return information for its eligibility determination.

This consent authorizes the disclosure of these items of return information for only the time period specified. Each item of information requested on this form is needed for the IRS to (1) locate, and verify, your tax information; (2) perform the requisite Average AGI calculations; and (3) provide the USDA with the legal entity's name and Taxpayer Identification Number (TIN), the type of return from which the specified items were located for use in the calculation, and whether or not the average AGI is above or below eligibility requirements. The IRS will not provide the USDA with any of the items specified on this consent form that it uses to perform the calculations or the average AGI figure.

This form can only be signed by the person authorized under state law to sign this consent for the legal entity identified in Item 2. ***An approved Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority when completing this form.***

**INSTRUCTIONS FOR COMPLETION OF CCC-941**

Item No./Field name	Instruction
1. Return Completed Form To	Enter the name and address of the FSA county office or USDA service center where the completed CCC-941 will be submitted.
2. Person or Legal Entity's Name and Address	Enter the person's or legal entity's name and address for commodity, conservation, price support, or disaster program benefits. <b><i>Enter the name and address as it appeared on the IRS tax returns filed for the taxable years specified in Item 4.</i></b>
3. Taxpayer Identification Number	In the format provided, enter the <u>complete</u> taxpayer identification number of the person or legal entity identified in Item 2. <b><i>This will be either a Social Security Number or Taxpayer Identification Number.</i></b>
4. Program Year	Enter the year for which program benefits are being requested. The program year entered determines the 3-year period used for the calculation of the average adjusted gross income (AGI) for payment eligibility and the years for which this consent allows access to tax information.
5. Average Adjusted Gross Income	Select the box next to the response that describes the <b>average adjusted gross income</b> for the applicable 3-year period for the program year entered in Item 4. <b><i>Select only one response.</i></b>
6. Signature	<b>Read the acknowledgments, responsibilities and authorizations, before affixing your signature.</b> <b><i>Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority.</i></b>
7. Title/Relationship	Enter title or relationship to the legal entity identified in Item 2.
8. Date	Enter the signature date in month, day and year. <b><i>This form must be returned to FSA within 90 days of the signature date for the consent to be valid.</i></b>

<p><b>CCC-902I Short Form</b> (04-16-19)</p> <p style="text-align: center;"><b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation</p> <p style="text-align: center;"><b>FARM OPERATING PLAN FOR AN INDIVIDUAL</b></p> <p><i>For "actively engaged in farming" and other payment eligibility and limitation determinations.</i></p> <p><small>This form is to be completed by, or on behalf of, an individual who is seeking benefits from the Farm Service Agency (FSA) as an individual (and not as part of an entity or joint operation) under one or more programs that are subject to the regulations at 7 CFR Part 1400. This form collects farming and other information about the individual who receives program benefits directly using the social security number identified in Part A. This form also collects information about entities engaged in farming in which the individual has an interest. Such entities must complete a CCC-902E if they are requesting program benefits. Payment eligibility for the individual is based upon the contribution level of certain inputs to a farming operation such as land, capital, equipment, labor, and management by the individual identified in Part A. The information on this form will be used by FSA to determine payment eligibility and limitation of payments by direct attribution.</small></p>	<p>1. County</p>	<p>3. Program Year</p> <p style="text-align: center;">2020</p>
		<p>2. State</p>

<b>PART A – PRODUCER INFORMATION</b>	
<p>1. Individual's Name and Address (Include Zip Code)</p>	<p>2. Social Security Number (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)</p>
<b>PART B – ADDITIONAL INFORMATION</b>	

<p>1. Is this individual a U.S. citizen?</p> <p><input type="checkbox"/> YES. Go to Item 4 <input type="checkbox"/> NO. Go to Item 2</p>	<p>2. Is this individual an alien lawfully admitted into the U.S.?</p> <p><input type="checkbox"/> YES, must present a Resident Alien Card (I-551). <input type="checkbox"/> NO</p>	<p style="background-color: #f2f2f2;"><b>FOR COUNTY OFFICE USE ONLY</b></p> <p>3. (Was a Resident Alien Card, I-551 shown?) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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**Minors**

4. Is this individual under 18 years of age as of June 1 of the program year that is specified in Item 3?

NO. Go to Part C  YES. Stop - Use CCC-902 I

**PART C – LAND, CAPITAL & EQUIPMENT (Attach form CCC - 902 Continuation for additional land interests)**

1. Will the contributions of land, capital, or equipment for the farming operation identified in Part A be acquired as the result of a loan or credit arrangement from an individual or entity that has an interest in the farming operation identified in Part A?  
 NO. Go to Item 2  YES. Stop - Use CCC-902 I

2. Will custom services be utilized in the farming operation identified in Part A?  NO. Go to Item 3  YES. Stop - Use CCC-902I

3. Enter the following information for ALL land farmed by the individual identified in Part A and not as part of an entity. *If land is cash leased from an individual or entity with an interest in the crop or crop proceeds, include the rental rate in \$/acre in Column F; otherwise enter "cash."*

A. Farm No.	B. Location (County and State)	C. Check As Applicable			D. Name of Individual or Entity Whom Land is Leased to and/or From (Includes names of landowners and landlords)	E. Acres Owned or Leased	F. Rental Rate \$ per Acre/ % of Crop Share	G. Check here if same land interest was held last year
		Owned	Leased To	Leased From				
		<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"/>	

4. **Capital** - Indicate the source(s) of farming capital for the farming operation identified in Part A. (Check all that apply.)  
 Non-borrowed  Commercial loans/credit  Private loans/credit  FSA program payments  Other:

5. **Equipment** - Enter the percentages owned and/or leased to be used by the farming operation identified in Part A.

<p>C. If leased, does the party/entity the equipment is leased from have an interest in the farming operation identified in Part A? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>A. Owned</p> <p>_____ %</p>	<p>B. Leased</p> <p>_____ %</p>
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**PART D - LABOR**

1. **Active personal labor.** Enter the percentage or hours to be provided by the individual identified in Part A: \_\_\_\_\_ % \_\_\_\_\_ hours

2. **Hired labor.** Enter the percentage or hours of labor that will be hired by the individual identified in Part A: \_\_\_\_\_ % \_\_\_\_\_ hours

3. Will any of the hired labor originate from the same source as the leased equipment in Part C  YES  NO.

**PART E - MANAGEMENT**

1. **Active personal management.** Enter the estimated percent of active personal management to be provided by the individual identified in Part A: \_\_\_\_\_ %

2. **Hired management:** Enter the estimated percent of management hired by the individual identified in Part A: \_\_\_\_\_ %

**PART F - CERTIFICATION**

*I certify that all the information entered on this document and any supporting documentation is true and correct. I understand furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operation.*

<p>1. Signature of Producer (By)</p>	<p>2. Title/Relationship if Signing as Representative</p>	<p>3. Date (MM-DD-YYYY)</p>
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**DEFINITIONS**

The following definitions apply to Form CCC-902I Short Form.

1. **ACTIVELY ENGAGED IN FARMING** – means providing both: 1) significant contributions of capital, equipment, or land, or combination thereof to the farming operation; and 2) significant contributions of active personal labor or active personal management, or a combination thereof, to the farming operation as described. Further, for a person or legal entity to be considered actively engaged in farming for program payment purposes, the contributions of the person or legal entity must be at-risk and commensurate with the person's or legal entity's claimed share of the profit and loss of the farming operation. Failure to meet these requirements will result in the determination of ineligibility for payments under programs specified in 7 CFR Part 1400.
2. **INTEREST IN A FARMING OPERATION** – a person or legal entity is considered to have an interest in a particular farming operation if the person or legal entity owns or rents land to or from that farming operation; has an interest in the agricultural commodities produced on the operation, or is a member of a joint operation that either owns or rents land to or from the farming operation, or has an interest in the agricultural commodities produced on that operation.
3. **JOINT OPERATION** - is a general partnership, joint venture, or similar organization.
4. **PERSON** – is a natural person (an individual) and does not include a legal entity.
5. **ACTIVE PERSONAL LABOR** – a person is considered to be providing active personal labor with respect to a farming operation if that person is directly and personally providing physical activities necessary to conduct the farming operation, including land preparation, planting, cultivating, harvesting, and marketing of agricultural commodities. Other qualifying physical activities include establishing and maintaining conserving covers and those physical activities necessary for livestock production for the farming operation.
6. **ACTIVE PERSONAL MANAGEMENT** – a person is considered to be providing active personal management with respect to a farming operation if that person is directly and personally providing the general supervision and direction of activities and labor involved in the farming operation; or providing services (whether performed on-site or off-site) reasonably related and necessary to the farming operation. The management activities must be critical to the profitability of the farming operation and performed under one or more of the following categories: 1) Capital which includes arranging financing and managing capital; acquiring equipment; acquiring land and negotiating leases; managing insurance and participating in USDA programs; 2) Labor which includes hiring and managing of hired labor; 3) Agronomics and marketing which includes selecting crops and making planting decisions; acquiring and purchasing of crop inputs; managing crops and making harvesting decisions; pricing and marketing of crop production.
7. **CAPITAL** – with respect to a farming operation is the funding provided by a person or legal entity to the farming operation in order for such operation to conduct farming activities. To be considered a countable contribution for a person or legal entity, the capital must have been derived from a fund or account separate and distinct from that of any other person or entity involved in such operation. Countable capital does not include the value of any labor or management which is contributed to the farming operation. A capital contribution may be a direct non-borrowed (out -of-pocket) input of a specified sum or an amount borrowed by the person or entity. Capital does not include advance program payments.
8. **CONTRIBUTION** – with respect to a farming operation is the provision of land, capital or equipment assets, and providing active personal labor, or active personal management to the farming operation in exchange for, or the expectation of, deriving benefits based solely on the success of the farming operation.
9. **CUSTOM SERVICES** – with respect to a farming operation is the hiring of a contractor or vendor that is in the business of providing such specialized services to perform services for the farming operation in exchange for the payment of a fee for such services performed.
10. **ENTITY** - is a corporation, joint stock company, limited liability company, association, limited partnership, limited liability partnership, irrevocable trust, revocable trust, estate, charitable organization, or other similar organization including any such organization participating in the farming operation as a partner in a general partnership, participant in a joint venture, a grantor of a revocable trust, or as a participant in a similar organization.
11. **EQUIPMENT** – with respect to a farming operation is the machinery and implements needed to conduct activities of the farming operation including machinery and implements used for land preparation, planting, cultivating, harvesting or marketing crops. Equipment also includes machinery and implements needed to establish and maintain conserving covers.
12. **FAMILY MEMBER** – a person is considered to be a family member of another person in the farming operation if that person is related to the other person as a lineal ancestor, lineal descendant, sibling, 1st cousin, niece, nephew, spouse, or otherwise by marriage. This relationship includes great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grandchild, great grandchild, sibling, 1st cousin, niece, nephew, aunt, uncle or spouse of family member in the farming operation.
13. **FARMING OPERATION** - is a business enterprise engaged in the production of agricultural products which is operated by a person or a formal or informal entity which is eligible to receive payments, directly or indirectly.
14. **LAND** – with a respect to a contribution to a farming operation is farmland consisting of cropland, pastureland, wetland, or rangeland which meets the specific requirements of the applicable program for which payments or benefits are sought.
15. **SUPPORTING DOCUMENTATION** – is any information that supports the relevant representations made such as, but not limited to: articles of incorporation, corporate meeting minutes, stock certificates, organizational papers, trust agreement, last will or testament or a deceased individual; affidavit of heirship approved by Office of General Counsel, partnership agreement, property lease agreement, purchase agreement; land deed; lending security agreement, and financial statement.
16. All other terms utilized in this form shall be defined pursuant to 7 CFR Part 1400.

**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 1400, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (Pub. L. 113-79), and the Agriculture Improvement Act of 2018 (Pub. L. 115-334). The information will be used to identify the farm operating plan data needed to determine an individual's eligibility for program benefits. 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 program benefits.

**Paperwork Reduction Act (PRA) Statement:** This information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B). The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form AD-3027 found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, (2) fax: (202) 690-7442, or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

## ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See Page 2 for additional instructions.

### PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

### AGENCY INFORMATION

FEDERAL PROGRAM AGENCY: Farm Service Agency/Commodity Credit Corporation		
AGENCY IDENTIFIER: FSA/CCC	AGENCY LOCATION CODE (ALC): 12-06-0000	ACH FORMAT: <input checked="" type="checkbox"/> CCD+ <input type="checkbox"/> CTX
ADDRESS:		
CONTACT PERSON NAME:		TELEPHONE NUMBER (Include Area Code):
ADDITIONAL INFORMATION:		

### PAYEE / COMPANY INFORMATION

NAME:	SSN NO. OR TAXPAYER ID NO.:
ADDRESS:	
CONTACT PERSON NAME:	TELEPHONE NUMBER (Include Area code):

### FINANCIAL INSTITUTION INFORMATION

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER (Include Area code):
NINE-DIGIT ROUTING TRANSIT NUMBER	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator):	TELEPHONE NUMBER (Include Area code):

## **Instructions for Completing SF 3881 Form**

Make three copies of form after completing. Copy 1 is the Agency Copy; copy 2 is the Payee/Company Copy; and copy 3 is the Financial Institution Copy.

1. **Agency Information Section** - Federal agency prints or types the name and address of the Federal program agency originating the vendor / miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. **Payee / Company Information Section** - Payee prints or types the name of the payee / company and address that will receive ACH vendor / miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee / company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. **Financial Institution Information Section** - Financial institution prints or types the name and address of the payee / company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee / company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

### **BURDEN ESTIMATE STATEMENT**

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.

This form is available electronically.

<b>CCC-916</b> (09-14-20)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	<b>CCC USE ONLY</b> 1. Application Number
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**2020 SEAFOOD TRADE RELIEF PROGRAM (STRP) APPLICATION**

**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 Sec. 5 of the Commodity Credit Corporation Act [15 U.S.C. 714 et seq.]. The information will be used to determine the applicant's eligibility to participate in and receive benefits under the Seafood Trade Relief 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility concerning the processing of the Seafood Trade Relief Program payment request.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0296. The time required to complete this information collection is estimated to average 15 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. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

<b>PART A RECORDING COUNTY OFFICE (FOR CCC USE ONLY)</b>		
2A. Recording State & County Office Name	2B. Recording County Office Address	2C. Recording County Office Telephone No. (Include Area Code)
		2D. Recording County Office Fax No. (Include Area Code)

<b>PART B APPLICANT INFORMATION</b>		
3A. Name (Person or Legal Entity)	3B. Address	3C. Contact Person's Name
		3D. Contact Person's Telephone No. (Include Area Code)

<b>PART C SEAFOOD (COMMERICAL PRODUCTION FROM JANUARY 1, 2019 TO DECEMBER 31, 2019)</b>			<b>COC USE ONLY</b>
4. Seafood Type	5. Unit of Measure	6. Actual Production (Ownership Share)	7. Adjusted Production
	LBS		
	LBS		
	LBS		

**PART D APPLICANT CERTIFICATION**

The undersigned certifies that all the information entered on this form, whether personally entered by the undersigned or not, or by someone else, is true and correct. The undersigned certifies and acknowledges that the seafood production on this form is accurately identified by the applicant and represents only the applicant's ownership share of total production for the year shown. The undersigned understands that the information entered on this form is subject to verification by spot-check. Failure to certify any of the information on this form and application accurately may result in a loss of program benefits. Additionally, by signing this form, the undersigned authorizes the purchaser, or any person who otherwise stores or purchases commodity production listed on this form to disclose the production records of such seafood to USDA representatives for the purpose of verification. The undersigned (1) agrees to comply with all terms and conditions associated with STRP as stated in the notice of funds availability; (2) will maintain and provide verifiable and reliable production evidence upon request; and (3) within 60 days of signing this application agrees to complete and submit forms:

- CCC-902, Farm Operating Plan for Payment Eligibility (NOTE: Only Parts A and B are required)
- CCC-941, Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information
- CCC-901, Member's Information, if applicable
- CCC-942, Certification of Income From Farming, Ranching and Forestry Operations, optional

Failure of an individual, entity, or member of an entity to timely submit all information required may result in no payment or a reduced payment.

8A. Applicant's Signature (By)	8B. Title/Relationship of Individual Signing in the Representative Capacity	8C. Date (MM-DD-YYYY)
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<b>PART E COC DETERMINATION (FOR COC USE ONLY)</b>			
9A. Signature of COC Representative	9B. Title/Position of COC Representative	9C. Date (MM-DD-YYYY)	10. Action
			<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027 found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410, (2) fax: (202) 690-7442, or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

