OMB Approval No: 0560-0297 OMB Expiration Date: 10/30/2027

						OMB Expirat	ion Date: 10/30/2027		
(10-2			NT OF AGRICULTURE Credit Corporation		1. County		3. Program Year		
	FARM OPERATII	NG PI	AN FOR AN INDIVID	2. State					
For "actively engaged in farming" and other payment eligibility and limitation determinations.									
	RUCTIONS: Return this compl								
part of about based identification	of an entity) under one or more pr t the individual who receives prog d upon the contribution level of ce	rograms iram bei ertain inp n this foi	art 1400. This form dentified in Part A. equipment, labor gibility and limitati  2. Social S number of	m Service Agency (FSA) as an individual (and not as 400. This form collects farming and other information ified in Part A. Payment eligibility for the individual is supposed in part A. Payment eligibility for the individual lity and limitation of payments by direct attribution.  2. Social Security Number (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)					
PAR	T B - ADDITIONAL INFORM	ATION							
1. Is	this individual a U.S. citizen? ] YES. Go to Item 4A ] NO. Go to Item 2	2.	Is this individual an alien lawful YES, must present a Resid NO	-	3. FOR COUNTY FSA USE ONLY (Was a Resident Alien Card, I-551 shown?)  YES NO				
	4A. Is this individual under 18 years	ears of a	age as of June 1 of the program	year that is spec	cified in Item 3?	4B. Enter Date of Bi	rth (MM-DD-YYYY)		
	NO. Go t	o Part C	YES, continue with	n Item 4B					
	5. Enter the name, address, and social security number of parent or guardian:								
	A. Parent's or Guardian's Nan	ne	Parent's or G	B. uardian's Addres	C. Social Security Number of Parent or Guardian (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)				
RS									
Ž						1			
Ξ	D. Does this individual maintain			YES	NO				
	6. List the direct and indirect in	ierests i	B.		-				
	A. Parent's or Guardian's Name	N	ame of Farming Interest	C. Tax ID Number of Farming Interest (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)		County and State	o). e Where Farming s Located		
						DATE S	STAMP		

CCC-902I (10-23-24) Name of Individual (as identified in Part A): Page 2 of 5									
		ARTS C THROU	GH H.	Only inc	lude i	information for the individual identi	fied in Part A.		
PART C - LA									
<ol> <li>Land: 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 Column F; otherwise enter "cash."     </li> </ol>									
A. Farm No.	L	B. Location unty and State)	C. Check As Applicable			D. Name of Individual or Entity Whom Land is Leased to and/or From	E. Acres Owned or Leased	F. Rental Rate \$ per Acre	G. Check here if same land
			Owned	Leased To	Leased From	(Includes names of landowners and landlords)		or % of Crop Share	interest was held last year
					片				
					H				
					H				
For additional	space for lar	nd, complete CCC-	902 Co	ntinuation	and a	l uttach to this form.	if attached.		
		URCES and USI							
Indicate the	source of all	farming capital for	the indi	vidual ide	ntified	in Part A for the farms listed in Part C	. (Check all that a	apply.)	
Non-borrov	ved capital	Priv	ate loar	ns/credit		FSA program payments			
Commercia	al loans/credi	t Othe	er:						
2. Will contribu	itions of capit	al, farming equipm	ent or la	and be ac	quired	as a result of a loan or credit arranger	ment?		
☐ YES go to Item 3 ☐ NO go to Part E									
	3. Will such loan or credit be acquired from, guaranteed by, co-signed by, or secured by another individual or entity that has an interest in the farming operation identified in Part A? (Such interest may be as a landowner or another tenant.)								
YES.	Complete Ite	ems 3A through 3E		□ NO	. Go t	o Part E.			
A. Type of Contribution Name of Loar		B. or Cred	lit Source		C. Guarantor's Name	D. Credit Source or Guarantor's Affiliation or Interest in the Farming Operation		E. Percent of Total Capital	
									%
									%
						ual rental values.)			
1. Owned Equ	in					oy the individual identified in Part A tha A does not own any of the equipment			%
			s not us			ed equipment to be used by the individing operation, enter 0%.	ual identified in Pa		s listed in Part C.
A. Percent of Tota Used by the		Name of Party Lea	B. Entity E sed Fro		t is	C. Type of Equipment Leased		D. rty/Entity the equ n interest in this f	ipment is leased arming operation?
	%							YES	□ NO
	%							YES	□ NO
	%							YES	□ NO
3. Lease agre	ements: If I	tem 2D is "YES," c	opies of	f lease ag	reeme	ent and documentation may be required	d for compliance	ourposes. GO To	D Part F.

Name of Individual (as identified in Part A): Page 3 of 5 CCC-902I (10-23-24) **PART F - CUSTOM SERVICES** 1. Will custom services be utilized by the individual identified in Part A on the farms listed in Part C? NO. Go to Part G YES, complete Items 1A through 1D of this Part. R C Type of Services Farm Number(s) Name of Provider Number of Acres PART G - LABOR For the farms listed in Part C, enter the information for contributions of active personal labor which will be provided by the individual identified in Part A, hired laborers; or by others: Type Amount 1. Active personal labor. Enter the percentage or hours to be provided by the individual identified in Part A. If the individual % identified in Part A performs 1,000 or more hours of labor for this farming operation, enter "1,000" hours. hrs % 2. Hired labor. Enter the percentage or hours of labor that will be hired. hrs A. Will any of the hired labor originate from the same source as leased equipment shown in Part E? NO YES If "YES", acceptable documentation to prove such relationship may be required for compliance purposes. B. Will any of the hired labor be included in the custom farming services shown in Part F? YES If "YES", acceptable documentation to prove such relationship may be required for compliance purposes. % 3. Other labor. Enter the percentage of labor to be donated by family members or others. (No payment will be owed). PART H - MANAGEMENT (The total percentage shown in Items 1 through 3 must equal 100%) For the farms listed in Part C, enter the percentage or hours of the individual's total management responsibility and the type of managerial duties required which will be provided by the individual identified in Part A, by hired persons or entities, or by others who are not hired. 1. Active personal management: A. Enter the percent of active personal management to be provided by the individual identified in Part A: % B. List the type of managerial duties/activities to be personally performed by the individual identified in Part A: 2. Hired management: A. Enter the percent of hired management: % B. Describe any paid management services provided by someone other than the individual identified in Part A: 3. Other management: A. Enter the percent of other management: % B. Describe any non-compensated management duties/activities provided by someone other than the individual identified in Part A: **PART I – 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. By signing this form, I acknowledge that:

- · all supporting documentation has been submitted as required.
- I have read and understand all definitions and requirements on Page 4.
- all information contained on this form will be considered in effect continuously unless changes or revisions are submitted.
- it is my responsibility to timely notify FSA in writing of any changes in the farming, ranching or forestry operation, or financial status that may affect these representations.
- evidence such as tax records, certified public accountant's certification, or other documentation may be required to validate these representations and that I will take all necessary actions to provide such materials to FSA if requested.

1	, ,	
1. Signature (By)	2. Title/Relationship of the Individual Signing in Representative Capacity	3. Date (MM-DD-YYYY)

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Privacy Act Statement: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a – as amended). The authority for requesting the information identified on this form is Payment Limitation and Payment Eligibility (7 C.F.R. Part 1400), the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (Pub. L. 113-79), as amended by the Agriculture Improvement Act of 2018 (Pub. L. 115-334), and the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22). 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).

**Public Burden Statement:** For CFAP 2.0 and QLA only, public reporting burden for this collection is estimated to average 30 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection, or USDA may not conduct or sponsor a collection of information unless it displays a valid OMB control number.

Non-Discrimination Statement: 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 How to File a Program Discrimination Complaint 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.

USDA is an equal opportunity provider, employer, and lender.

The following definitions apply to Form CCC-902I.

- 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 C.F.R. Part 1400.
- 2. **INTEREST IN A FARMING OPERATION** a person or legal entity is considered to have an interest in this farming operation if the person or legal entity owns or rents land to this farming operation; or has an interest in the crop or crop proceeds from this farming operation; or is a member of a joint operation that either owns or rents land to this farming operation, or has an interest in the crop or crop proceeds from this farming 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 significant 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 with an interest in the farming operation. A significant contribution of 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. Contributions must be "significant".
- 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 legal 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.
- All other terms utilized in this form shall be defined pursuant to 7 C.F.R. Part 1400.