

CCC-866 (12-15-23)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		
	AGRICULTURAL RISK COVERAGE – COUNTY OPTION (ARC-CO) AND PRICE LOSS COVERAGE (PLC) ELECTION AND CONTRACT		
	1. Program Year:		
	2. State Code	3. County Code	4. Farm Number
5A. County FSA Office Name and Address			
5B. County Office Telephone No. (Including Area Code)		5C. County Office Fax No. (Including Area Code)	

THIS ARC-CO AND PLC ELECTION AND CONTRACT is entered into between the Commodity Credit Corporation (CCC) and the undersigned producers on the farm identified in Item 4. Upon approval, this farm and the producers on the farm are enrolled in ARC-CO and/or PLC for the program year identified above in Item 1. All producers with a share in base acres must sign this contract by the announced enrollment deadline of the applicable program year in order to participate and make themselves potentially eligible to receive payments for the applicable program year.

The terms and conditions of the ARC-CO and PLC contract are contained in the CCC-862 and CCC-866 Appendix and the regulations at 7 CFR Part 1412. By signing this contract producers: (1) acknowledge receipt and agree to abide by the terms of the CCC-862 and CCC-866 Appendix; (2) agree to comply with the terms and conditions of the program and those governing payment limitation and eligibility and adjusted gross income limitation provisions; (3) agree that the terms and benefits of this program are subject to changes in law; and (4) certify that all the information contained on this form, whether or not personally entered by the producer, is true, correct, and accurate. All producers agree to participating or not participating on a covered commodity by covered commodity basis in Item 11.

All producers on the farm must agree to the election made in Item 8. If an ARC or PLC election is not made the election defaults to the election for the farm that was effective under the previous Farm Bill, and no payments will be earned under this contract and farm for 2019. All producers on the farm agree and acknowledge that:

(1) this election is irrevocable for the covered commodities and the farm, or any resulting farm(s) of a reconstitution; (Beginning in 2021, producers may change the election on the farm); (2) this farm may not be combined with any other farm that has base acres and does not have the same program election applicable for each and all covered commodities on all farms intended to be combined; (3) even though the producers on the farm may have made an election, producers must still annually enroll the farm and covered commodity in the ARC or PLC program in order to be eligible to receive ARC or PLC benefits for that covered commodity and crop year; (4) they must comply with the regulations at 7 CFR Part 1412; and (5) ARC or PLC benefits are subject to change based upon changes to law. FSA's acceptance of this signed form and use of the form does not equate to FSA's approval of the election. If FSA later determines this election was invalid under 7 CFR Part 1412, the elections indicated on this form are invalid and will not apply to the farm.

NOTE: PLC yields in Item 10 are only used in the payment calculation of covered commodities that have elected PLC.

6. Multi-year Contract (2019 - 2024) <input type="checkbox"/>											
7. Commodity	8. Program Elected	9. Base Acres	10. PLC Yield	11. Participating		7. Commodity	8. Program Elected	9. Base Acres	10. PLC Yields	11. Participating	
				YES	NO					YES	NO
				<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"/>
12A. Owner or Producer's Name and Address				13. Commodity		14. Payment Share		13. Commodity		14. Payment Share	
12B. Email Address											
12C. Telephone No. (Including Area Code):											
15A. Refused Payment Information:								15B. Producer's Initials			
<input type="checkbox"/> All ARC-CO Payments are Refused				<input type="checkbox"/> All PLC Payments are Refused				15C. Date Initialed (MM/DD/YYYY)			
16A. Producer's Signature (By)				16B. Title/Relationship of the Individual Signing in the Representative Capacity				16C. Date (MM/DD/YYYY)			
FOR FSA USE ONLY											
17A. Signature of CCC Representative										17B. Date (MM/DD/YYYY)	
18. Remarks										19. Employee's Initials	

1. Program Year	2. State Code	3. County Code	4. Farm Number
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CONTINUATION OF OWNER'S OR PRODUCER'S CROP INFORMATION (From Page 1)

12A. Owner or Producer's Name and Address	13. Commodity	14. Payment Share	13. Commodity	14. Payment Share
12B. Email Address				
12C. Telephone No. (Including Area Code):				
15A. Refused Payment Information: <input type="checkbox"/> All ARC-CO Payments are Refused <input type="checkbox"/> All PLC Payments are Refused			15B. Producer's Initials	
			15C. Date Initialed (MM/DD/YYYY)	
16A. Producer's Signature (By)		16B. Title/Relationship of the Individual Signing in the Representative Capacity		16C. Date (MM/DD/YYYY)
12A. Owner or Producer's Name and Address	13. Commodity	14. Payment Share	13. Commodity	14. Payment Share
12B. Email Address				
12C. Telephone No. (Including Area Code):				
15A. Refused Payment Information: <input type="checkbox"/> All ARC-CO Payments are Refused <input type="checkbox"/> All PLC Payments are Refused			15B. Producer's Initials	
			15C. Date Initialed (MM/DD/YYYY)	
16A. Producer's Signature (By)		16B. Title/Relationship of the Individual Signing in the Representative Capacity		16C. Date (MM/DD/YYYY)
12A. Owner or Producer's Name and Address	13. Commodity	14. Payment Share	13. Commodity	14. Payment Share
12B. Email Address				
12C. Telephone No. (Including Area Code):				
15A. Refused Payment Information: <input type="checkbox"/> All ARC-CO Payments are Refused <input type="checkbox"/> All PLC Payments are Refused			15B. Producer's Initials	
			15C. Date Initialed (MM/DD/YYYY)	
16A. Producer's Signature (By)		16B. Title/Relationship of the Individual Signing in the Representative Capacity		16C. 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 Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (7 U.S.C. 9015) as amended by the Agriculture Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and 7 CFR Part 1412. The information will be used to determine eligibility to participate in and receive benefits under the Agriculture Risk Coverage Program and Price Loss Coverage 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). 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 Agriculture Risk Coverage Program and Price Loss Coverage Program.*

Paperwork Reduction Act (PRA) Statement: *The information collection is exempted from PRA as specified in 7 U.S.C. 9091(c)(2)(B). 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.***

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 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.