

This form is available electronically.

<b>CCC-1045UP-2</b> (04-19-19)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	1. AGREEMENT NO.
<b>MONTHLY CONSUMPTION/APPLICATION FOR PAYMENT REPORT FOR UPLAND COTTON</b>		2. DATE PREPARED (MM-DD-YYYY)

**NOTE:** The primary authority for requesting and safeguarding the information described on this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246 and any amendments to such act as may follow). The information requested is necessary for participation in the Upland Cotton Economic Adjustment Assistance Program. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for certain program benefits and other financial assistance administered by USDA. The information collected as a result of this form may be released to USDA employees, USDA contractors, or authorized USDA cooperators who are bound to safeguard the information under Section 1619 of the Food, Conservation and Energy Act, the Privacy Act of 1974, the E-Government Act of 2002, and related authorities. This information collection is exempted from the Paperwork Reduction Act, as it is required for administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F – Administration). The provisions of criminal, civil, and privacy statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO [eaap.els@usda.gov](mailto:eaap.els@usda.gov) or WAREHOUSE AND COMMODITY MANAGEMENT DIVISION, Beacon Facility, PO BOX 419205, STOP 9148, KANSAS CITY, MISSOURI 64141-6205.**

3. COMPANY NAME AND ADDRESS (Include Zip Code)	4. MONTHLY CONSUMPTION DATES (MM-DD-YYYY)			
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">(a) Beginning Date</td> <td style="width:34%; text-align: center;">through</td> <td style="width:33%; text-align: center;">(b) Ending Date</td> </tr> </table>	(a) Beginning Date	through	(b) Ending Date
(a) Beginning Date	through	(b) Ending Date		
5A. CONTACT PERSON	5B. TELEPHONE NO. (Include Area Code)			

**PART A INVENTORY (BALES)**

6. TYPE OF COTTON	7. COMPUTATIONS	8. BALED LINT	9. BALED LOOSE	10. SEMI-PROCESSED MOTES	11. REGINNED MOTES
A. BEGINNING INVENTORY					
B. ACQUIRED BALES	+				
C. RESOLD & OTHER (ADJ)	+ OR -				
D. CONSUMED BALES	-				
E. ENDING INVENTORY	=				

**PART B PAYMENT**

12. TYPE OF COTTON	13. NET POUNDS	14. PAYMENT RATE	15. PAYMENT AMOUNT
A. BALED LINT		\$.03	
B. BALED LOOSE		\$.03	
C. SEMI-PROCESSED MOTES		\$.03	
D. REGINNED MOTES		\$.03	
<b>16. TOTAL PAYMENT:</b>			

**PART C CERTIFICATION**

*"I hereby certify that this form and all supporting documents (when required) are being submitted in accordance with the terms of the Upland Cotton Domestic User Agreement and regulations at 7 CFR Part 1427 and that the cotton covered by this Application has not previously earned a payment under the Upland Cotton Economic Adjustment Assistance Program (7 CFR Part 1427) and is eligible for a payment. I also certify that all funds received from CCC will be used in accordance with section 1207 (c)(3) of the Food, Conservation, and Energy Act of 2008."*

17A. SIGNATURE OF AUTHORIZED REPRESENTATIVE	17B. TITLE OF AUTHORIZED REPRESENTATIVE	17C. DATE SIGNED (MM-DD-YYYY)
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