

FSA-860 (Proposal 10)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	1. Administrative State and County Code	COC USE ONLY 2. Total Payment \$
2009 CROP ASSISTANCE PROGRAM (CAP) 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 7 CFR Part 760, Subpart H, and Section 32 of the Agricultural Adjustment Act of 1935 (Pub. L. 74-320). The information will be used to determine eligibility to participate in disaster assistance programs for those commodity producers who suffered losses and are located in counties designated as primary disaster counties by the Secretary due to excessive moisture or related condition. 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 disaster assistance programs for those commodity producers who suffered losses and are located in counties designated as primary disaster counties by the Secretary due to excessive moisture or related condition.

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-XXXX. 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 THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

PART A – PRODUCER INFORMATION

3. Producer Name	4. Producer Address (Including Zip Code)	5. Producer Telephone Number (Including Area Code) (Optional)
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PART B – FARM AND CROP INFORMATION

6. Farm Number	7. Did crop suffer a 5 percent or greater loss?		8. Was loss due to quantity or quality?		9. Crop Name	10. Share	11. Acres	12. Payment Rate	13. Payment Amount \$
	YES	NO	QUANTITY	QUALITY					

PART C – PRODUCER CERTIFICATIONS

I certify that all information contained on this application, for each crop and farm where application is being made, is true and correct to the best of my knowledge.

I certify that I have documentation to support this application and that FSA can demand documentation to support the application for 3 years after the date of application. I acknowledge that it will be up to FSA to determine whether the documentation meets program requirements.

I certify that for each crop and farm where I am making this application, that I suffered a 5 percent or greater loss as required under 7 CFR Part 760, Subpart H. I agree that in the event it is later determined that I did not suffer the claimed loss on any crop and farm, I will be required to refund the crop’s payment on that farm with interest from date of disbursement.

I acknowledge and agree to all eligibility provisions, terms, and conditions of regulations governing this program at 7 CFR Part 760, Subpart H.

I acknowledge that any payment made under this program will be treated as revenue under the Supplemental Revenue Assistance Payments (SURE) Program, 7 CFR part 760, Subpart G.

14A. Producer’s Signature (By)	14B. Title/Relationship of the Individual Signing in the Representative Capacity	14C. Date (MM-DD-YYYY)
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PART D – RECORDING COC APPROVAL OR DISAPPROVAL OF APPLICATION

15A. COC Action on Application <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	15B. COC Signature	15C. Date (MM-DD-YYYY)
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