

## Instructions for FSA-860

### ***CROP ASSISTANCE PROGRAM (CAP) APPLICATION***

This form is used by producers of long grain rice, medium/short grain rice, upland cotton, soybeans, and sweet potatoes in eligible counties who suffered a 5 percent or greater loss during the 2009 crop year to apply for payment under CAP.

During the application period, long grain rice, medium or short grain rice, upland cotton, soybean, and sweet potato producers may apply in person at FSA county offices during regular business hours.

***FSA completes Items 1 through 4, Item 6, Items 9 through 10, Items 12 through 13, and Items 15A through 15C. Producers must complete Item 5, Items 7 through 8, Item 11, and Items 14A through 14C.***

*Items 1 – 2 are for FSA use only.*

#### ***Part A - Producer Information***

*Items 3 – 4 are for FSA use only.*

#### ***Item 5***

<b>Fld Name/ Item No.</b>	<b>Instruction</b>
5 Producer Telephone Number (optional)	Enter the producer's telephone number including area code.

#### ***Part B - Farm and Crop Information***

*Item 6 is for FSA use only.*

**Items 7 – 8**

<b>Fld Name/ Item No.</b>	<b>Instruction</b>
7 Did crop suffer a 5 percent or greater loss?	Check the appropriate box (“YES” or “NO”) for each crop for which there is acreage in Item 9 and share in Item 11. The 5 percent or greater loss must be suffered on eligible acres identified in Item 11.
8 Was loss due to quantity or quality?	Check the appropriate box that describes the type of loss claimed (“Quantity” or “Quality”) for each crop for which “Yes” is checked in Item 7.

**Items 9 – 10 are for FSA use only.**

<b>Fld Name/ Item No.</b>	<b>Instruction</b>
11 Acres	Producer must verify that acres provided in Item 11 represent only eligible acres that are physically located in a disaster county and that suffered a loss due to excessive moisture or related condition. Producer may revise acres in Item 11 downward to exclude ineligible acres.

**Items 12 – 13 are for FSA use only.**

**Part C - Producer Certifications**

Producer will read the certification statements in Part C before signing in Item 14A. The producer is certifying that all information included in the application is correct and acknowledges receipt of a copy of this form.

**Items 14A – 14C**

<b>Fld Name/ Item No.</b>	<b>Instruction</b>
14A Producer's Signature	Producer shall sign certifying to information on form.
14B Title/ Relationshi p...	Enter the title/relationship of person signing in a representative capacity.

14C Date	Enter the date certifying to information on form.
-------------	---

***Part D - Recording COC Approval or Disapproval of Application***

***Items 15A – 15C are for FSA use only.***