

<p>CCC-576 U.S. DEPARTMENT OF AGRICULTURE (01-26-05) Commodity Credit Corporation</p> <p style="text-align: center;">NOTICE OF LOSS AND APPLICATION FOR PAYMENT NONINSURED CROP DISASTER ASSISTANCE PROGRAM</p> <p><i>See Page 2 for Privacy Act and Public Burden Statements.</i></p>	PART A - GENERAL INFORMATION (To be completed by County Office)																		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1A. COUNTY FSA OFFICE NAME & ADDRESS (Including Zip Code)</td> <td style="width:40%;">2. NAP UNIT NO.</td> </tr> <tr> <td colspan="2">Telephone Number (Area Code)</td> </tr> <tr> <td>1B. STATE & COUNTY CODE</td> <td>3. DATE RECEIVED BY COUNTY FSA OFFICE (MM-DD-YYYY)</td> </tr> <tr> <td>4. PRODUCER'S NAME AND ADDRESS (Include street, city, State and Zip Code)</td> <td>5A. TELEPHONE NO. (Area Code)</td> </tr> <tr> <td></td> <td>5B. E-MAIL ADDRESS</td> </tr> <tr> <td>7A. CROP ABBREVIATION</td> <td>7B. PAY CROP</td> </tr> <tr> <td></td> <td>7C. PAY TYPE</td> </tr> <tr> <td></td> <td>7D. PLANTING PERIOD</td> </tr> <tr> <td></td> <td>6. FARM NUMBERS ASSOCIATED WITH UNIT</td> </tr> </table>	1A. COUNTY FSA OFFICE NAME & ADDRESS (Including Zip Code)	2. NAP UNIT NO.	Telephone Number (Area Code)		1B. STATE & COUNTY CODE	3. DATE RECEIVED BY COUNTY FSA OFFICE (MM-DD-YYYY)	4. PRODUCER'S NAME AND ADDRESS (Include street, city, State and Zip Code)	5A. TELEPHONE NO. (Area Code)		5B. E-MAIL ADDRESS	7A. CROP ABBREVIATION	7B. PAY CROP		7C. PAY TYPE		7D. PLANTING PERIOD		6. FARM NUMBERS ASSOCIATED WITH UNIT
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PART B - NOTICE OF LOSS (To be completed by Producer)

8. For loss suffered, enter	9. What disaster event(s) caused loss?	10A. Beginning date of disaster (MM-DD-YYYY)	11. When was loss apparent? (MM-DD-YYYY)	12. For the crop type entered in Item 8, was there any agreement or contract for payment for growing the crop, as opposed to delivery of production? YES <input type="checkbox"/> If "YES", provide a copy of such agreement, contract, or a written narrative explanation of agreement or contract. NO <input type="checkbox"/>
A. Crop Name	B. Crop Type	10B. Ending date of disaster (MM-DD-YYYY)		
13. Check type of loss suffered as a result of event identified in Item 9. Prevented Planting <input type="checkbox"/> Low Yield <input type="checkbox"/>		14. Was the crop in Item 8 Irrigated or Non-Irrigated? Check the applicable practice(s) used for the crop identified in Item 8. IR <input type="checkbox"/> NI <input type="checkbox"/>		15. If "Prevented Planting" is checked in Item 13, enter the following: A. Intended but Prevented Acreage B. Planted Acreage
16. For the intended but prevented acreage entered in Item 15, complete the following entries:				
A. Purchased, Delivery, or Arranged for:		YES	NO	B. If "YES", Explain and attach copies
(1) Seed, Chemical, and Fertilizer				
(2) Land Preparation Measures				
17. If "Low Yield" is checked in Item 13, enter the following: A. Total Crop Acreage B. Affected Acreage				
18. What cultivation practices have been and will be employed on damaged crop acreage (e.g., fertilizer, seeding, irrigation, pesticide and herbicide applications; before and after date of damage)?				
19. What will be done with damaged crop acreage (e.g., destroyed, replanted to another crop, unharvested, harvested, or not planted)? NOTE: "You must request an appraisal of any planted acreage of the specified crop that will be abandoned, destroyed, or put to another use. You must not destroy or put acreage to another use before written consent is given by an authorized CCC or FCIC loss adjuster for such destruction or other use." Failure to do so will result in loss of program assistance. Complete Part D:				
20. What has been done with prevented planted or damaged crop acreage (include dates crop was destroyed, harvested, or replanted, as applicable)				

21. Producer certifies that all information in Part B is correct and acknowledges receipt of copy of this form.

A. PRODUCER'S SIGNATURE	B. DATE (MM-DD-YYYY)
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PART C - COC APPROVAL OR DISAPPROVAL OF LOSS

22. COC must approve or disapprove for low yield and or prevented yield, as applicable.

A. For Low Yield : APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	B. COC SIGNATURE	C. DATE (MM-DD-YYYY)
D. For Prevented Planted : APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	E. COC SIGNATURE	F. DATE (MM-DD-YYYY)

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23. Producer's Name	24. Identification No.	25. Unit Number	26. Pay Crop	27. Pay Type	28. Planting Period
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PART D - APPRAISAL OR REPORT OF PRODUCTION (To be completed by FSA representative)

29. Crop Type	30. Crushing District	31. Share(s)	32. Acres	33. Practice	34. Stage	35. Production	36. Intended Use	37. Final Use	38. Secondary Use or Salvage Value	39. Production Not to Count	COC Use Only	
											40A. Assigned or Adjusted Production	40B. Secondary Use or Salvage Value

PART E - VALUE LOSS CROPS (To be completed by FSA representative)

41. Crop Type	42. Share(s)	43. Beginning Inventory or Dollar Value	44. Inventory or Dollar Value After Disaster	45. Ineligible Inventory or Dollar Value	46. Salvage Value

47. REMARKS (Any other pertinent information, e.g., Secondary Use, Salvage Value, etc.):

PART F - GRAZING "AUD" LOSS CALCULATIONS

48. Crop Type	49. Share(s)	50. Acres	51. Practice	52. Unseeded Land		53. Stage	54. Carrying Capacity	55. Grazing Period	COC Use Only		
				Federal	State				56. AUD Adjustment Factor	57. AUD Loss Factor	58. AUD Assigned

PART G - CERTIFICATION AND APPLICATION FOR PAYMENT

THIS PORTION MUST BE COMPLETED PRIOR TO PAYMENT. Attach Appraisal Worksheet, actual production evidence, CCC-576-1, and, if applicable FCI-6, Statement of Facts. Do not use appraisal when harvested production is available. If destroyed prior to appraisal, crop acreage is ineligible.

The undersigned producers apply for NAP payment on the unit identified in Item 2 in accordance with 7 CFR Part 1437. The producers signing certify that all the information provided is true and correct, and, the production is accurately identified to the unit, share relationship, pay crop, pay type, and year shown. I understand this report may be spot-checked and failure to certify accurately may result in a loss of program benefits. Additionally, I direct the purchaser, warehouse operator, ginner, or any person who otherwise, stores or purchases crop production listed on this form to disclose the production records of such crops to USDA representatives for the purpose of verification. The producer has not chosen or received another USDA benefit that is subject to the multiple benefit exclusion (7 CFR Part 1437.12).

59A. PRODUCER SIGNATURE	59B. Date Signed (MM-DD-YYYY)	
60A. LA OR FSA REPRESENTATIVE SIGNATURE (Final)	60B. Date Signed MM-DD-YYYY	61. Code Number

PART H - COC APPROVAL OR DISAPPROVAL OF APPLICATION FOR NAP PAYMENT

62A. COC ACTION : APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	62B. COC SIGNATURE	62C. DATE (MM-DD-YYYY)
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Pub. L. 93-86. The information will be used to determine eligibility for disaster program benefits. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for disaster benefits. This information may be provided to other agencies, IRS, Department of Justice or other State and Federal Law enforcement agencies and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001, 15 USC 714m, and 31 USC 3729, may be applicable to the information provided.

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 0560-0175. The time required to complete this information collection is estimated to average 1 hour and 20 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. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**