

## Instructions For FSA 747

### **DAIRY DISASTER ASSISTANCE PAYMENT PROGRAM (DDAP-III) APPLICATION**

**This form is used by dairy producers to apply for disaster assistance payment program benefits. If you have shares in more than one dairy operation, you must submit a separate FSA-747 for each dairy operation. You may apply for multiple years on one form.**

**Submit the original of the completed form in hard copy or facsimile to the appropriate USDA servicing office.**

**Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) that customer submitting the form is the only person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.**

**Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.**

***Items 1 through 4 are for FSA Use Only***

<b>Fld Name / Item No.</b>	<b>Instruction</b>
5A Name of Operation	Enter the name of the dairy operation. A separate FSA-747 must be completed for each operation.
5B Contact Producers Name and Address	Enter Contact producer's name and address, including Zip Code of the contact person for the operation identified in Item 5A.
5C E-mail Address	Enter the email address for the contact person listed in Item 5B in relation to the operation listed in Item 5A. (Optional)
5D Telephone Number	Enter a telephone number including area code for the operation in which the contact person identified in Item 5B can be contacted.
6 Cow Number Information	Enter the number of dairy cows in the herd on the first of each month. This number should represent both milking and dry cows. Only complete the months applicable for the year(s) being requested. Cows purchased to offset production for disaster related reasons should not be included.
7 Production Information	Enter a check for the applicable year for which the dairy operation wishes to apply. More than one year may be requested; however a declared disaster condition must have occurred in all years that are requested.

<b>Fld Name / Item No.</b>	<b>Instruction</b>
7A Annual Marketed Production	Enter the annual marketed production that corresponds to the requested year(s).
7B Estimated Production	Enter the estimated amount lost by the dairy operation due to the qualifying disaster.

***Item 8 is for County Office Use Only***

<b>Fld Name / Item No.</b>	<b>Instruction</b>
9 2005 DDAP-II Program	Each producer shall read the certification statement and enter a check in the appropriate box “YES” or “NO” as to whether a previous payment was received under the 2005 Dairy Disaster Assistance Payment Program administered for the Gulf region (AL, AR, FL, LA, MS, NC, SC, TN, and TX).
10 Signature	Each producer shall read the certification statement before signing the FSA-747.  If you are mailing or faxing this form, print the form and manually enter the signature of each producer who has a share in the dairy operation identified in Item 5A. If this form is approved for electronic transmission and you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office.
11 Producer’s ID	Each producer signing in Item 10 shall enter the last four digits of their tax identification number. All producers who share in the dairy operation must sign, date, and provide required ID numbers as applicable.
12 Date of Signature	Each producer signing in Item 10 shall enter the date the FSA-747 is signed.
13 Share	Each producer signing in Item 10 shall enter their share of the dairy operation for each applicable year in which benefits are being requested.
14 Payment Refusal	Each producer who signs and completes Items 10 through 13 shall check the applicable box indicating “YES” or “NO” if payment under this application is being accepted or not.

***Items 15 through 22 are for FSA Use Only.***