

| | | |
|--|--|-------------------------|
| CCC-576-1 U.S. DEPARTMENT OF AGRICULTURE (07-11-03) Commodity Credit Corporation APPRAISAL/PRODUCTION REPORT NONINSURED CROP DISASTER ASSISTANCE PROGRAM | PART A - GENERAL INFORMATION (To be completed by County Office) | |
| | 1. COUNTY FSA OFFICE NAME & ADDRESS (Include Zip Code) | 2A. NAP UNIT NO. |
| | TELEPHONE NO. (Include Area Code): | 2B. NAP APPLICATION NO. |

| | | | |
|---|---------------------------------------|------------------------------------|--------------------------------------|
| 3. PRODUCER'S NAME AND ADDRESS (Include Street, City, State and Zip Code) | 4A. TELEPHONE NO. (Include Area Code) | 5. FARM NO.'s ASSOCIATED WITH UNIT | 6. CROP (BY TYPE OR VARIETY OF CROP) |
| | 4B. E-MAIL ADDRESS | | |

PART B - APPRAISAL OR REPORT OF PRODUCTION (To be completed by LA or FSA representative)

| 7. Tract | 8. Field | 9. Preliminary Acres Appraised for Other Use | | 10. Final Acres | | 11. Practice | 12. Stage | 13. Intended Use | 14. Appraisal Per Acre (bu., lb., cwt., tons) | 15. Potential Production | 16. Ineligible Causes | 17. Assigned Production |
|-----------------|----------|--|-------|-----------------|-------|--------------|-----------|------------------|---|--------------------------|-----------------------|-------------------------|
| | | Whole | 10ths | Whole | 10ths | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 18. TOTAL ACRES | | | | | | | | | 19. TOTAL POTENTIAL | | 20. TOTAL ASSIGNED | |

HARVESTED PRODUCTION - INCLUDE ALL PRODUCTION FOR ALL ENTITIES SHARING IN CROP FARM-STORED OR OTHER

| 21. Bin No. | 22. Length or Diameter | 23. Width | 24. Depth | 25. Deduction | 26. Shelled, Ear, or Ground Silage, Other | 27. Gross Production (Bu., Lbs., Cwt., or Tons) | Adjustments to Harvested Production | | | | 32. Production Not to Count | 33. Production to Count for Line (include on farm feed or seed and cash sales) |
|-------------|------------------------|-----------|-----------|---------------|---|---|-------------------------------------|----------------|-----------------|---------------|-----------------------------|--|
| | | | | | | | 28. % Shell or Sugar | 29. % Moisture | 30. Test Weight | 31. % Dockage | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | |
|--|--|
| 34. Total Harvested Production (Total of all entries in column 33) | 35. Net Production to Count for the Unit (Totals of Item 19 plus Item 20 plus Item 34) |
|--|--|

Attach scale tickets, if not farm-stored, including name and date or purchaser, producer receipts, etc., as applicable.

Attach Appraisal Worksheet, actual production evidence, and, if applicable FCI-6, Statement of Facts. Do not use appraisal when harvested production is available. If destroyed prior to appraisal, applicant is ineligible.

PART C - CERTIFICATION BY LA OR FSA REPRESENTATIVE (Signature in Part C, by the producer or legal representative, constitutes written agreement with Parts A and B for the commodity(ies) shown.)

| | | | | | |
|---|-------------------|----------|---------------------------------|--|-------------------|
| LA OR FSA REPRESENTATIVE SIGNATURE | | | 38. PRODUCER'S SIGNATURE | | |
| 36. 1st Inspection or Final | Date (MM-DD-YYYY) | Code No. | | | Date (MM-DD-YYYY) |
| | | | | | |
| 37. 2nd or Final | | | | | |

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 60 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.**

The U. S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.