

<b>FSA-229-1</b> (Proposal 5)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	1. State and County Codes	2. Application Number
<b>TRADE ADJUSTMENT ASSISTANCE (TAA) FOR FARMERS PROGRAM APPLICATION</b>		3. Announced Application Deadline	4. Date Received by FSA

**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 the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5). The information will be used to determine eligibility for benefits provided by the Trade Adjustment Assistance for Farmer Program. 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 for participation in the Trade Adjustment assistance for Farmers Program.*

*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 45 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 FSA COUNTY OFFICE.*

**Instructions:** Producers use this form to apply for training and cash benefits under the Trade Adjustment Assistance Program for Farmers.

**PART A – APPLICANT INFORMATION**

5. Applicant's Name and Address (Include Zip Code)	6. Name and Address of Farm Operation (If different from Item 5) (Include Zip Code)
7A. Applicant's Telephone Number (Include Area Code)	7B. Applicant's Taxpayer Identification Number (9 digits)

**PART B – TAA FOR FARMERS PETITION FOR WHICH BENEFITS ARE REQUESTED**

8. Commodity	9. Petition Marketing Year	10. Petition Filing Date	11A. Petition Certification Date
			11B. Deadline for Completion and Approval of Business Plans

**PART C – APPLICANT ELIGIBILITY INFORMATION TO BE COMPLETED BY APPLICANT**

12. PRODUCTION, PRICE, and TAA BENEFIT INFORMATION ENTERED BY THE PRODUCER:

A. Production quantity for the petition marketing year (MY).	
B. Production quantity for the most recent year of the 3 years prior to the petition MY.	
C. Price received by producer for production from petition marketing year.	\$
D. Price received by producer for production from petition marketing year – 1.	\$
E. Price received by producer for production from petition marketing year – 2.	\$
F. Price received by producer for production from petition marketing year – 3.	\$
G. Price received by producer for production from petition marketing year – 4.	\$
H. Price received by producer for production from petition marketing year – 5.	\$
I. Price received by producer for production from petition marketing year – 6.	\$
J. Sum of prices received from the 3 marketing years most recently prior to the petition marketing year.	\$
K. Average of 3 prices: Divide entry in Item 12J by 3.	\$
L. Effective USDA County Price for the commodity on the petition filing date.	\$
M. Average USDA County Price for the 3 marketing years immediately prior to the petition filing date.	\$
N. Has applicant received benefits under another TAA for Farmers program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
O. Has applicant received benefits under either the TAA for Workers or Firms Programs? <input type="checkbox"/> YES <input type="checkbox"/> NO	

*The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (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 to USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 845-6136 (Spanish) or (800) 877-8339 (TDD) or (866) 377-8642 (Federal-relay). USDA is an equal opportunity provider and employer.*

**PART D – APPLICANT CERTIFICATION AND SIGNATURE(S)**

*This application is to participate in the Trade Adjustment Assistance (TAA) for Farmers Program according to terms established by the Commodity Credit Corporation (CCC). The undersigned applicant: (1) certifies that all the information entered on this application is true and correct and that the applicant was a producer of the petition commodity during the petition crop year and one of the immediate proceeding 3 crop years; (2) certifies that the production quantities and prices-received information as entered on this application are accurate; (3) understands that approval for payments are contingent upon the approval of an initial and a final business plan by the date shown in Item 11B and that approval of such plans by the Farm Service Agency is required for payment eligibility; (4) understands that the TAA for Farmers program disbursements including administrative costs are limited by statute and that approved program payments including approved travel and per diem funds may be reduced by a percentage factor established by CCC so that total program outlays do not exceed statutory limits; (5) if requested, agrees to provide any documentation required to determine program eligibility to the satisfaction of the County FSA Committee; (6) understands that this program is subject to the rules found in 7 CFR Part 1580 and that this application must be received no later than the deadline date announced for each commodity certified for benefit eligibility; (7) understands that providing a false certification to the U.S. Government is punishable by imprisonment, fines or other penalties, and (8) certifies to have not received cash benefits under the TAA for Workers or TAA for Firms programs, or TAA for Farmers benefits under another commodity petition. The criminal and civil fraud statutes that apply to this certification, may include 15 USC 286 714m, 18 USC 286, 297, 371, 641, 651, and 1001; and 31 USC.*

13. Producer's Signature (By)	14. Title/Relationship of Individual Signing in the Representative Capacity	15. Producer's Tax ID Number (9 digits)	16. Date Signed (MM-DD-YYYY)	17. Refused Payment?	
				YES	NO

**PART E -- CCC REVIEW OF SUBMITTED PRODUCTION AND PRICE INFORMATION**

18. Review of Item 12 Information	YES	NO
A. Was application filed within the 90-day application period? (See dates entered in Items 3 and 4.)		
B. Is the petition-year production quantity (Item 12A) a positive number?		
C. Is the production quantity in the most recent year of the prior 3 years (Item 12B) a positive number?		
D. Is the quantity in Item 12A less than the quantity in Item 12B?		
E. Is the price in Item 12C less than the 3-year average price in Item 12K?		
F. Is the price in Item 12L less than the price in Item 12M?		

**PART F – CCC DETERMINATION OF APPROVAL FOR TRAINING**

19. For application approval, the answers to the following questions in Items 12 and 18 must be:		
A. "YES", for questions "A", "B", and "C" in Item 18.		
B. "YES", to at least one of questions "D", "E", or "F" in Item 18.		
C. "NO", for both questions "N" and "O" in Item 12.		
20. Application Status: APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> (If disapproved, complete Item 22)	21A. Name and Address of County FSA Office (Include Zip Code)	21B. Telephone Number (Including Area Code)
22. Justification for Disapproval:		
23A. Signature of COC Designee	23B. Title of COC Designee	23C. Date Signed (MM-DD-YYYY)
24A. Signature of Second-Party Reviewer	24B. Title of Second-Party Reviewer	24C. Date Signed (MM-DD-YYYY)