

Instructions for Completing CCC-576-1

A Completing CCC-576-1

Complete CCC-576-1 according to this table.

Item	Action
Part A - General Information This part is to be completed by County Office.	
1	Enter County Office name, address, and telephone number.
2A	Enter NAP unit number and applicable planting period. Example: Unit #1. Planting Period #3. See paragraph 28 for the definition of NAP unit and paragraph 178 for defining planting periods.
2B	Enter NAP application number. The County Office shall maintain a register of NAP application numbers. The register will begin with number 000001 for each crop year. At a minimum, the register will contain the application number, unit number, producer's name, and date the notice of loss was filed. The same application number will be used for each notice of loss filed for a specific unit.
3	Enter the name and address of producer associated with unit who is providing the notice of loss.
4	For the producer identified in item 3, enter the producer's telephone number (including area code). Enter e-mail address of applicant, if available.
5	Enter the farm numbers associated with unit.
6	Enter crop, type or variety, that suffered loss as result of disaster event. Use a separate CCC-576-1 for each type or variety of crop affected by disaster.
Part B - Appraisal or Report of Production This part is to be completed by LA or FSA representative.	
7	Enter tract identification from photocopy or sketch map.
8	Enter field identification from FSA-578 and attach photocopy or sketch map.
9	Enter the number of preliminary appraised acres, in tenths, when producer requests release to put crop to another use. Determine acres, if applicable, when boundaries may not be determined later.

Instructions for Completing CCC-576-1 (Continued)

A Completing CCC-576-1 (Continued)

Item	Action	
10	FOR...	ENTER...
	yield-based crops	the final acres associated with the type/variety, practice, and stage
	maple sap	the total number of taps
	honey	the total number of colonies
	Identify field on aerial photocopy. <u>Final acres</u> may be measured acres obtained through FSA measurement service as requested by producer or during FSA spot check of producer's certified acres, or acres certified and signed by the producer on CCC-576. The LA or FSA representative shall review whether the reported crop acreage appears to be accurate. If crop acreage appears to be more than 5 percent different than reported crop acreage, the acreage shall be determined. See paragraph 154.	
11	Enter practice, such as "I" for irrigated and "NI" for nonirrigated.	
12	Enter the stage abbreviations according to Exhibit 41, such as: <ul style="list-style-type: none"> • H - Harvested • UH - Unharvested • NP - Acreage eligible for prevented planting that was not planted to any crop intended for harvest in the same crop year. 	

Instructions for Completing CCC-576-1 (Continued)

A Completing CCC-576-1 (Continued)

Item	Action
13	Enter intended use from abbreviations in Exhibit 41.
14	Enter per acre appraisal in bushels, pounds, cwt, or tons. Obtain information from appropriate appraisal worksheet.
15	Enter potential production that is the result of multiplying each row of column 10 times each row in column 14.
16	Enter ineligible causes of loss according to subparagraph 21 B, if applicable.
17	Enter the amount of production loss attributable to the ineligible cause(s) identified in item 16.
18	Enter total acres, to tenths, from all rows of column 10.
19	Enter total potential production from all rows of column 15.
20	Enter total production loss attributable to ineligible causes of loss from all rows of column 17.
<p>Note: County Offices shall continue to determine losses using current RMA or State Office loss adjustment procedure. Transfer any appropriate information to CCC-576 for processing the individual's application for payment.</p>	
21	Enter bin number for farm stored commodity. For off-farm stored commodities, attach copies of warehouse receipts, etc., and enter data in subsequent rows, as appropriate. For the quantity of current crop year production fed to the producer's livestock, used as seed on the producer's farm, and sold, attach documentary evidence, that is, feeding records, planting records, etc., or copies of sales documents, etc., and enter data in subsequent rows, as appropriate.

Instructions for Completing CCC-576-1 (Continued)

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Item	Action
22	Enter internal length measurement in feet, to tenths, of structural space occupied by crop, if rectangular or square. Enter diameter, if round.
23	Enter internal width measurement in feet, to tenths, of structural space occupied by crop, if rectangular or square. Enter RND if round.
24	Enter internal depth in feet, to tenths, of structural space occupied by crop.
25	Enter cubic feet deduction, to tenths, for vents, crossties, etc.
26	Enter shelled, ear, or ground silage, or other, if applicable.
27	Enter gross production. Gross production is total production determined by measurement before applying adjustments or any factors, such as percent of shell or sugar, percent of moisture, test weight, percent of dockage, or other production not to count. Obtain gross production for the unit from the summary and/or settlement sheets, if needed.
28	Enter shelling percentage factor for ear corn, rounded to whole percent. Leave blank if not applicable.
29	Enter 4 place factor from grain moisture chart, if applicable.
30	Enter 3 place factor from test weight chart, if applicable. Enter test weight only when storage structure measurements were entered in whole pounds or pounds to tenths after any foreign material is removed. If factor from test weight chart is not applicable, enter the result of dividing the actual test weight by the standard test weight (ear corn must be shelled for sample) to 3 decimal places. For corn silage, divide the actual test weight by 12. Refer to Loss Adjuster's Handbook.

Instructions for Completing CCC-576-1 (Continued)

A Completing CCC-576-1 (Continued)

Item	Action
31	Enter dockage percentage, as applicable.
32	<p>Enter production not to count, when acceptable records identifying such production are available. Refer to paragraph:</p> <ul style="list-style-type: none"> • 174 on secondary use • 327 on commingled production • 333 on salvage value. <p>Examples:</p> <ul style="list-style-type: none"> • 50 acres reported with an intended use of oat grain. Producer suffers disaster and reports a loss. Producer elects to harvest oats as hay and harvest 50 tons of hay. Enter the 50 tons of hay harvested as production not to count. The actual hay value will be deducted from the unit's gross NAP payment according to subparagraph 174 C. • 10 acres of apples reported with an intended use of fresh. Because of freeze, apples are unmarketable as fresh or processed. Neighbor pays the producer \$500 for 1,000 bushels of apples to be fed as hog feed. Enter 1,000 bushels as production not to count. The salvage value received for this crop shall be deducted from the NAP payment calculated for the crop of the commodity according to paragraph 333. <p>Enter any commingled production not to count when supporting documents are available and the unit production of a commodity is a matter of record before commingling according to paragraph 327.</p>
33	After calculating any adjustments indicated in items 28 through 31, enter production to count.
34	Enter the total harvested production (total of all entries in column 33).

Instructions for Completing CCC-576-1 (Continued)

A Completing CCC-576-1 (Continued)

Item	Action
35	Enter the net production to count for the unit (totals of item 19 plus item 20 plus item 34).
Part C - Certification by LA or FSA Representative	
36	Enter signature, date signed, and code number of LA or FSA representative completing inspection/appraisal.
37	Enter signature, date signed, and code number of LA or FSA representative completing subsequent inspection/appraisal.
38	<p>Enter signature(s) of producer and date(s) signed.</p> <p>Notes: The date signed by the producer must be the same or later than the date signed by LA or FSA representative.</p> <p>*--Signature by the producer or legal representative constitutes written agreement with Parts A and B for the commodity(ies) and unit(s) shown.--*</p>

Instructions for Completing CCC-576-1 (Continued)

B Example of CCC-576-1

This is an example of CCC-576-1.

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This form is available electronically. Form Approved: OMB No. 0560-0175.

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)
Your County FSA Office
123 Oak Street
Beverlytown, USA 12345-6789

2A. NAP UNIT NO.
1 2 3 4

2B. NAP APPLICATION NO.
090001

3. PRODUCER'S NAME AND ADDRESS (Include street, city, State and Zip Code)
John and Jane Doe
My Lane
Any Place, USA 12345-6789

4A. TELEPHONE NO. (Include Area Code): 890-123-4567

4B. E-MAIL ADDRESS

5. FARM NO.'s ASSOCIATED WITH UNIT
678
9874

6. CROP (BY TYPE OR VARIETY OF CROP)
Cabbage

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										
473	2			2	5	I	CH	FA	0	0	0	0			
	2A			.5		To be taken to harvest.									
18. TOTAL ACRES				2	5							19. TOTAL POTENTIAL	0	20. TOTAL ASSIGNED	0

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., or Tons)	Adjustments to Harvested Production				32. Production Not to Count	33. Production to Count for Loss (include on farm feed or seed and cash sales)
							28. % Shell or Sugar	29. % Moisture	30. Test Weight	31. % Cockage		

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 of purchaser, producer receipts, etc., as applicable.

Attach Appraisal Worksheet, actual production evidence, and, if applicable ECI-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)
/s/ Loss Adjustor	06 07 XXXX	1234					06-07-XXXX
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. 103-46. 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 statement may be provided to other agencies, (FSA, Insurance 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, 893, 1001, 15 USC 714b, 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 40 minutes per response including the time for reviewing instructions, gathering existing data sources, gathering and reviewing the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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