

## Instructions For CCC-576

### **NOTICE OF LOSS AND APPLICATION FOR PAYMENT - NONINSURED CROP DISASTER ASSISTANCE PROGRAM**

Producers use this form to request NAP assistance when natural disasters cause a catastrophic loss of production or prevented planting of an eligible crop, whereby CAT is not available and is produced for food or fiber.

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

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the 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.

**FSA completes Items 1A through 7D, Items 22 through 58, and Items 60A through 62C. Producers must complete Part B Items 8A through 21B.**

*Items 1A - 7D are for FSA use only.*

*Items 8A - 21B*

<b>Fld Name /Item No.</b>	<b>Instruction</b>
8A Crop Name	Enter crop name that suffered loss as result of disaster event identified in Item 9.
8B Crop Type	Enter crop type that suffered loss as result of disaster event identified in Item 9. Use a separate CCC-576 for each type or variety of crop affected by disaster.
9 What disaster event caused loss?	Enter disaster event that caused loss, such as tornado, hurricane, drought, flood, disease, aflatoxin, virus, insect infestation, etc.
10A Beginning disaster date	Enter the beginning date of the disaster event.
10B Ending disaster date	Enter ending date of the disaster event.

<b>Fld Name /Item No.</b>	<b>Instruction</b>
11 When was loss apparent?	Enter date when damage or loss of crop was apparent.
12 For the crop type entered in Item 8, was there ...	Enter a checkmark in either the "YES" or "NO" checkbox to answer the question to Item 12.
13 Check type of loss suffered as a result of the event identified in Item 9.	<p>Enter a checkmark to identify the type of loss suffered as a result of the event identified in Item 9: that is, prevented planting, and or damaged crop, and or low yield.</p> <p>Appraisal is required for damaged/low yield crop before destruction to be eligible for NAP benefits.</p>
14 Was the crop in Item 8 Irrigated or Non-Irrigated?	Check the applicable practice of Irrigated or Non-Irrigated identified in Item 8. If both practices are used, check both.
15A & B If "Prevented Planting" is checked in Item 13...	If "Prevented Planting" is checked in Item 13, enter intended but prevented acreage in Item A. If planted acreage, enter the acreage in Item B.
16A & B For intended but prevented acreage entered in Item 15...	<p>For intended but prevented acreage entered in Item 15, provide evidence of purchase, delivery, and or arrangement for seed, chemicals, fertilizer, and land preparation measures for acreage affected.</p> <p>NOTE: COC may require attachment of expense receipts to verify preparation measures.</p>
17A & B If "Low Yield" is checked in Item 13, enter total crop acreage and affected crop acreage.	If "Low Yield" is checked in Item 13, enter total crop acreage and affected crop acreage.

Fld Name /Item No.	Instruction
18 What cultivation practices have been and will be employed on damaged crop acreage?	If damaged crop and or low yield is checked in Item 13, explain cultivation practices for expected crop production, before and after date of damage, on affected crop acreage.
19 What will be done with damaged crop acreage?	Describe what will be done with damaged crop acreage (include dates), that is, will be destroyed, replanted to another crop, not harvested, not planted.  If crop is harvested, provide production evidence to the local FSA County Office.
20 What has been done with prevented planted or damaged crop acreage?	Describe what has been done with prevented planted or damaged crop acreage (include dates), that is, will be destroyed, replanted to another crop, not harvested, not planted.  If crop is harvested, provide production evidence to the local FSA County Office.
21 Producer Certifies...	Producer will read the certification statement in Item 21 before signing in Item 21 A. The producer is certifying that all information in Part B is correct and acknowledges receipt of copy of this form.
21A & B Producer's Signature and Date	Producer shall sign and date certifying to information on form.  NOTE: As long as 1 person having an interest in the farming operation files a timely notice of loss, according to paragraph 401, all producers having an interest will be considered timely filed.  If you are mailing or faxing this form, print the form and manually enter your signature. 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.

***Items 22A - 58 are for FSA use only.***

***Part G, Certification and Application for Payment, should be read by the Producer certifying that all information provided is true and correct before signing Items 59A and 58B.***

<b>Fld Name /Item No.</b>	<b>Instruction</b>
59A & B Producer's Signature and Date	<p>Producer shall sign and date certifying to information on the form. Each producer with a share in the farming relationship must complete and sign a separate CCC-576, Part G for their share of eligible NAP benefits.</p> <p>If you are mailing or faxing this form, print the form and manually enter your signature. 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.</p>

*Items 60A - 62C are for FSA use only.*