

CCC-575 (Proposal 14)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	PART A – GENERAL INFORMATION
Non-Insured Crop Disaster Assistance Program (NAP) Record of Historical Marketing Percentage (HMP), Contract Marketing Percentage (CMP), and Direct Marketing Percentage (DMP) (2015 and Subsequent Years)		1. County FSA Office Name and Address (Including Zip Code)
		2. Crop Year
		3. Administrative State and County Code
4A. Producer's Name and Address (Including Zip Code)		
4B. Phone Number (Include Area Code):		

PART B - CROP IDENTIFICATION		
5A. Crop Name	5B. Crop Type	6. Unit of Measure (UoM)

PART C – CURRENT YEAR CONTRACT MARKETING PERCENTAGE (CMP)				
7. Contracted Use	8. Contracted Production	9. Expected Production	10. Total Expected Production	11. Contract Marketing Percentage (CMP)
	Enter contracted production in each specific contracted use column, as applicable	Eligible Acres from FSA-578 X Approved Yield	Total of Item 9	Contracted Production (item 8) ÷ Item 10 (Expected Production) x 100%
Fresh				%
Processed				%
Juice				%

PART D – HISTORICAL MARKETING PERCENTAGE (HMP)				
12. Crop Year: Enter production in Item 13 for the applicable final use. Enter the sum of all production from Item 13 in Item 14. Divide production for the final use in Item 13 by Item 14 then multiply by 100% to determine Item 15. Copy results to Item 24.				
Final Use	13. Production	14. Total Production from Item 13	100% =	15. HMP
Fresh	÷	X	=	%
Processed	÷			%
Juice	÷			%

16. Crop Year: Enter production in Item 17 for the applicable final use. Enter the sum of all production from Item 17 in Item 18. Divide production for the final use in Item 17 by Item 18 then multiply by 100% to determine Item 19. Copy results to Item 25.				
Final Use	17. Production	18. Total Production from Item 17	100% =	19. HMP
Fresh	÷	X	=	%
Processed	÷			%
Juice	÷			%

20. Crop Year: Enter production in Item 21 for the applicable final use. Enter the sum of all production from Item 21 in Item 22. Divide production for the final use in Item 21 by Item 22 then multiply by 100% to determine Item 23. Copy results to Item 26.				
Final Use	21. Production	22. Total Production from Item 21	100% =	23. HMP
Fresh	÷	X	=	%
Processed	÷			%
Juice	÷			%

PART E – AVERAGE HISTORICAL MARKETING PERCENTAGE (HMP) and CONTRACT MARKETING PERCENTAGE (CMP)							
Enter marketing percentages by final use for each year in Items 24 through 26.							
Final Use	24. Crop Year:	25. Crop Year:	26. Crop Year:	27. Average HMP	28. CMP	29. Average Market Price	30. Highest Value HMP/CMP
	Enter HMP from Item 15	Enter HMP from Item 19	Enter HMP from Item 23	Sum of Items 24 + 25 + 26 ÷ Number of Years	Enter CMP from Item 11		
Fresh	%	%	%	%	%		%
Processed	%	%	%	%	%		%
Juice	%	%	%	%	%		%

PART F – PRODUCER AND FSA REPRESENTATIVE'S CERTIFICATION (For CMP and HMP Only)		
<i>The undersigned certifies that the information included on this form, whether personally entered by the undersigned or not, or by someone else, includes a true, complete, and accurate record of actual production and marketing history. The undersigned understands that the information on this form may be spot checked and failure to certify accurately may result in a loss of program benefits. Additionally, the undersigned directs the purchaser, warehouse operator, ginner, or any person who otherwise stores or purchases crop production identified on this form to disclose that storage or purchase records of the identified crop to USDA representatives of the purpose of verification of production.</i>		
31A. Producer's Signature (By)	31B. Title/Relationship (Individual Signing in a Representative Capacity)	31C. Date (MM-DD-YYYY)
32A. FSA Representative's Signature		32B. Date (MM-DD-YYYY)

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PART G – DIRECT MARKETING PERCENTAGE (DMP) - Important: Part G must be completed for each intended use when the Direct

Market price option was elected on CCC-471.

33A. Crop Name	33B. Crop Type	34. Intended Use	35. Unit of Measure (UoM)
36. Crop Year:	Enter production in Item 38 for the applicable market. Enter the sum of all production from Item 38 in Item 39. Divide production in Item 38 by Item 39 then multiply by 100% to determine Item 40. Copy results to Item 52.		
37. Market	38. Production	39. Total Production from Item 38	40. Market History Percentage
Direct	÷	x	100 % = %
Indirect	÷		
41. Crop Year:	Enter production in Item 43 for the applicable market. Enter the sum of all production from Item 43 in Item 44. Divide production in Item 43 by Item 44 then multiply by 100% to determine Item 45. Copy results to Item 53.		
42. Market	43. Production	44. Total Production from Item 43	45. Market History Percentage
Direct	÷	x	100 % = %
Indirect	÷		
46. Crop Year:	Enter production in Item 48 for the applicable market. Enter the sum of all production from Item 48 in Item 49. Divide production in Item 48 by Item 49 then multiply by 100% to determine Item 50. Copy results to Item 54.		
47. Market	48. Production	49. Total Production from Item 48	50. Market History Percentage
Direct	÷	x	100% = %
Indirect	÷		

PART H – AVERAGE DIRECT MARKETING PERCENTAGE (DMP)

51. Market	52. Crop Year:	53. Crop Year:	54. Crop Year:	55. Average DMP
	Enter % from Item 40	Enter % from Item 45	Enter % from Item 50	Sum of Items 52 + 53 + 54 ÷ number of years
Direct	%	%	%	%
Indirect	%	%	%	%

PART I – PRODUCER AND FSA REPRESENTATIVE'S CERTIFICATION (For DMP Only)

The undersigned certifies that the information included on this form, whether personally entered by the undersigned or not, or by someone else, includes a true, complete, and accurate record of actual production and marketing history. The undersigned understands that the information on this form may be spot checked and failure to certify accurately may result in a loss of program benefits. Additionally, the undersigned directs the purchaser, warehouse operator, ginner, or any person who otherwise stores or purchases crop production identified on this form to disclose that storage or purchase records of the identified crop to USDA representatives of the purpose of verification of production.

56A. Producer's Signature (By)	56B. Title/Relationship (Individual Signing in a Representative Capacity)	56C. Date (MM-DD-YYYY)
57A. FSA Representative's Signature		57B. Date (MM-DD-YYYY)

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 7 CFR Part 1437, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Federal Agriculture Improvement and Reform Act of 1996 (7 U.S.C. 7333 – as amended), the Federal Crop Insurance Act (7 U.S.C. 1508 – as amended), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Non-Insured Crop Disaster Assistance 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 to participate in and receive benefits under the Non-Insured Crop Disaster Assistance 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 0560-0175. The time required to complete this information collection is estimated to average 5 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 COUNTY FSA OFFICE.

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.