

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.