PART A - RECORDING COUNTY OFFICE (FOR COC USE ONLY)

OMB Control No. 0560-xxxx
OMB Expiration Date: xx-xx-20xx

## CCC-913

U.S. DEPARTMENT OF AGRICULTURE

(proposal 11)

Commodity Credit Corporation

## 2019 MARKET FACILITATION PROGRAM (MFP) APPLICATION

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 Sec. 5 of the Commodity Credit Corporation Act [15 U.S.C. 714 et seq.]. The information will be used to determine producer eligibility to participate in and receive benefits under the Market Facilitation Program 2019. The information collected on this form may be disclosed to other Federal, State, Local government agencies, and nongovernmental entities that have been authorized access to the information by statue 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility concerning the processing of the 2019 Market Facilitation Program payment request.

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 0560-0292. The time required to complete this information collection is estimated to average 15 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 COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

1A. Recording State & County Office Name			1B. Recording County Office Address			1C. Recording County Office Telephone No.     (Include Area Code)      1D. Recording County Office Fax No.     (Include Area Code)		
PART B - PRODUCER CONT	ACT INFORMA	ATION						
2A. Producer Name			2B. Producer Address			2C. Contact Producer's Name		
						2D. Contact Producer's Telephone No. (Include Area Code)		
PART C – LIVESTOCK						С	OC USE ONLY	
3. Commodity		4. Unit of Measure		5. Actual Production (Produce	cer's Share) Adj		6. usted Production	
DAIRY (DMC historical production)		cwt						
HOGS (4/01/19 – 5/15/19 Inventory)		head						
PART D - NON-SPECIALTY CROPS							COC USE ONLY	
7. Physical State Name	8. Physical County Name		9. Eligible 2019 MFP Acres		10. Eligible MFP Cover Crop Acres	11. Adjusted Eligible 2019 MF Acres		12. Adjusted Cover Crop Acres
n accordance with Federal civil rights law and LLS	Department of Agriculture	a (LISDA) civil rights regula:	tions and noti	iciae the LISDA ite Agenciae officee	and employees, and institutions participating in or	administering LISDA n	roarams are prohibited from a	discriminating based on race, color, national

origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint form, AD-3027, found online at <a href="http://www.ascr.usda.gov/complaint-filing-cust.html">http://www.ascr.usda.gov/complaint-filing-cust.html</a> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed from releter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program\_intake @usda.gov. USDA is an equal opportunity provider, employer, and lender.

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18B. Title/Relationship of Individual Signing in the Representative Capacity

18C. Date (MM-DD-YYYY)

18A. Producer's Signature (By)