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FSA-897

U.S. DEPARTMENT OF AGRICULTURE

OMB Control No. 0560-XXXX
OMB Expiration Date: XX-XX-2019

(proposal 3)

ACTUAL PRODUCTION HISTORY AND APPROVED YIELD RECORD (WHIP + Select Crops Only)

PART A - GENERAL INFORMATION

1. State	2. County	3. Unit No.
4. Producer's Name		

PART B - CROP INFORMATION

5. Crop Name	6. Crop Type	7. Intended Use	8. Practice	9. Organic Status	10. Planting Period	11. Unit of Measure
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PART C - ACTUAL PRODUCTION HISTORY (APH)

COC USE ONLY

12. APH Crop Year	13. Planted Acres	14. Actual Production	15. Yield

PART D - APPROVED YIELD (COC USE ONLY)

16. Total Yield (Item 15)	17. No. of APH Crop Years (Item 12)	18. Calculated Yield
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PART E - PRODUCER'S CERTIFICATION

I hereby certify that the information included on this form includes a complete and accurate record of actual production history. The actual production history is accurately identified to the unit, crop and crop years shown. I understand that the information on this form may be spot checked and failure to certify accurately may result in a loss of program benefits. Additionally, I direct the purchaser, warehouse operator, ginner, or any person who otherwise stores or purchases crop production identified on this form to disclose those storage or purchase records of the identified crop to USDA representatives for the purpose of verification of production. I understand that the payment yield may be different than the approved yield if the unit acreage increases or plant density changes.

19A. Signature of Producer (By)	19B. Title/Relationship of the Individual Signing in a Representative Capacity	19C. Date (MM-DD-YYYY)
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PART F - COC SIGNATURE

20A. Signature of COC Representative	20B. Date (MM-DD-YYYY)
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NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting this information is the Additional Supplemental Appropriations for Disaster Relief Act, 2019 (Disaster Relief Act) (Pub. L. 116-20) and 7 CFR Part 760, subpart O; The information will be used to determine eligibility for program benefits. 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 for program benefits. Payments may be made under the program to which the form applies only to the extent permitted by applicable authorities.*

Paperwork Reduction Act (PRA) Statement: *Public reporting burden for this collection is estimated to average 5 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection or FSA may not conduct or sponsor a collection of information unless it displays a valid OMB control number. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

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