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Statements.

FSA-894 Continuation (proposal 2)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. Crop Year
WILDFIRES AND HURRICANES INDEMNITY PROGRAM + APPLICATION (Continuation Sheet)		

Public Burden Statement (Paperwork Reduction Act): Public reporting burden for this collection is estimated to average 30 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.**

2. Producer's Name	3. Producer's Address (City, State and Zip Code)	4A. Administrative State Name/Code	4B. Administrative County Name/Code
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Each producer must apply by administrative county.

PART A – NOTICE OF LOSS

The following crop(s), crop type(s), and intended use(s) suffered a loss due to the disaster event cause of loss that occurred January 1, 2018 – December 31, 2019.

5. What disaster event caused the loss?	6. Disaster Event Dates (Beginning and Ending)
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7A. Crop	7B. Crop Type	7C. Intended Use	7D. Practice	7E. Planting Period	8. Insured/NAP Coverage/Uninsured	9. Crop Loss, Prevented Planted, or Trees, Bushes, and Vines Loss <i>(If prevented planted Part B must be completed)</i>	10. COC Approved or Disapproved
					<input type="checkbox"/> Insured <input type="checkbox"/> NAP Coverage <input type="checkbox"/> Uninsured	<input type="checkbox"/> Crop Loss <input type="checkbox"/> Prevented Planting <input type="checkbox"/> Trees, Bushes and Vines Loss	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
					<input type="checkbox"/> Insured <input type="checkbox"/> NAP Coverage <input type="checkbox"/> Uninsured	<input type="checkbox"/> Crop Loss <input type="checkbox"/> Prevented Planting <input type="checkbox"/> Trees, Bushes and Vines Loss	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
					<input type="checkbox"/> Insured <input type="checkbox"/> NAP Coverage <input type="checkbox"/> Uninsured	<input type="checkbox"/> Crop Loss <input type="checkbox"/> Prevented Planting <input type="checkbox"/> Trees, Bushes and Vines Loss	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

PART B – RECORD OF MANAGEMENT FOR PREVENTED PLANTING CROPS

11A. Crop	11B. Crop Type	11C. Intended Use	11D. Practice	11E. Planting Period
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12. Purchased/delivered/arranged for. If "YES", explain (Attach copies of receipts).

<input type="checkbox"/> YES <input type="checkbox"/> NO. A. Seed, Chemical, and Fertilizer	
<input type="checkbox"/> YES <input type="checkbox"/> NO. B. Land Preparation Measures	

13. What cultivation practices were performed on prevented planted acreage?

14A. What did you do with the acreage you claim was prevented planted?	14B. Final Planting Date
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PART C – PAY GROUPING INFORMATION									
15. Producer Name					16. Insured/NAP Coverage/Uninsured <input type="checkbox"/> Insured <input type="checkbox"/> NAP Coverage <input type="checkbox"/> Uninsured				
17. Administrative State Name/Code			18. Administrative County Name/Code		19. Physical State Name/Code <input type="checkbox"/> Same as Administrative			20. Physical County Name/Code <input type="checkbox"/> Same as Administrative	
21. Crop Year		22. Unit		23. Pay Crop Code		24. Pay Type Code		25. Planting Period	

PART D – PRODUCTION INFORMATION													COC USE ONLY	
26. Crop	27. Crop Type	28. Crushing District	29. Int. Use	30. Practice	31. Organic Status	32. Native Sod	33. Acres	34. Share	35. Stage	36. Unit of Measure	37. Production To Count	38. Yield (Select Crops Only)	39. Assigned or Adjusted Production	40. Secondary Use or Salvage Value

PART E – VALUE LOSS CROPS							COC USE ONLY			
41. Crop	42. Crop Type	43. Share	44. Dollar Value Before Disaster	45. Dollar Value After Disaster	46. Ineligible Dollar Value	47. Salvage Value				

PART F – TREES, BUSHES, & VINES									COC USE ONLY			
48. Crop	49. Crop Type	50. Acres	51. Share	52. Tree Stage	53. Number in Tree Stage	54. Number Destroyed	55. Number Damaged	56. Adjusted Number in Tree Stage	57. Adjusted Number Destroyed	58. Adjusted Number Damaged	59. Salvage Value	
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				II								
				III								
				I								
				II								
				III								
				I								
				II								
				III								

PART G - COC DETERMINATION OF PAY GROUPING
60. COC Action: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

PART A – NOTICE OF LOSS

The following crop(s), crop type(s), and intended use(s) suffered a loss due to the disaster event cause of loss that occurred January 1, 2018 – December 31, 2019.

5. What disaster event caused the loss? 6. Disaster Event Dates (Beginning and Ending)

7A. Crop	7B. Crop Type	7C. Intended Use	7D. Practice	7E. Planting Period	8. Insured/NAP Coverage/Uninsured	9. Crop Loss, Prevented Planted, or Trees, Bushes, and Vines Loss <i>(If prevented planted Part B must be completed)</i>	10. COC Approved or Disapproved
					<input type="checkbox"/> Insured <input type="checkbox"/> NAP Coverage <input type="checkbox"/> Uninsured	<input type="checkbox"/> Crop Loss <input type="checkbox"/> Prevented Planting <input type="checkbox"/> Trees, Bushes and Vines Loss	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
					<input type="checkbox"/> Insured <input type="checkbox"/> NAP Coverage <input type="checkbox"/> Uninsured	<input type="checkbox"/> Crop Loss <input type="checkbox"/> Prevented Planting <input type="checkbox"/> Trees, Bushes and Vines Loss	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
					<input type="checkbox"/> Insured <input type="checkbox"/> NAP Coverage <input type="checkbox"/> Uninsured	<input type="checkbox"/> Crop Loss <input type="checkbox"/> Prevented Planting <input type="checkbox"/> Trees, Bushes and Vines Loss	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

PART B – RECORD OF MANAGEMENT FOR PREVENTED PLANTING CROPS

11A. Crop 11B. Crop Type 11C. Intended Use 11D. Practice 11E. Planting Period

12. Purchased/delivered/arranged for. If "YES", explain *(Attach copies of receipts)*.

YES NO. A. Seed, Chemical, and Fertilizer

YES NO. B. Land Preparation Measures

13. What cultivation practices were performed on prevented planted acreage?

14A. What did you do with the acreage you claim was prevented planted? 14B. Final Planting Date

PART C – PAY GROUPING INFORMATION

15. Producer Name			16. Insured/NAP Coverage/Uninsured <input type="checkbox"/> Insured <input type="checkbox"/> NAP Coverage <input type="checkbox"/> Uninsured			
17. Administrative State Name/Code	18. Administrative County Name/Code		19. Physical State Name/Code		20. Physical County Name/Code	
			<input type="checkbox"/> Same as Administrative		<input type="checkbox"/> Same as Administrative	
21. Crop Year	22. Unit	23. Pay Crop Code	24. Pay Type Code		25. Planting Period	

PART D – PRODUCTION INFORMATION **COC USE ONLY**

26. Crop	27. Crop Type	28. Crushing District	29. Int. Use	30. Practice	31. Organic Status	32. Native Sod	33. Acres	34. Share	35. Stage	36. Unit of Measure	37. Production To Count	38. Yield (Select Crops Only)	39. Assigned or Adjusted Production	40. Secondary Use or Salvage Value

PART E – VALUE LOSS CROPS **COC USE ONLY**

41. Crop	42. Crop Type	43. Share	44. Dollar Value Before Disaster	45. Dollar Value After Disaster	46. Ineligible Dollar Value	47. Salvage Value

PART F – TREES, BUSHES, & VINES **COC USE ONLY**

48. Crop	49. Crop Type	50. Acres	51. Share	52. Tree Stage	53. Number in Tree Stage	54. Number Destroyed	55. Number Damaged	56. Adjusted Number in Tree Stage	57. Adjusted Number Destroyed	58. Adjusted Number Damaged	59. Salvage Value
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				II							
				III							
				I							
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				II							
				III							

PART G - COC DETERMINATION OF PAY GROUPING

60. COC Action:

Approved

Disapproved