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| Form Approved - OMB No. 0560-XXXX  **This form is available electronically.** Expiration date (MM-DD-YYYY) | | | | | | | | | | | | | |
| **AD-3114-A**  (proposal 5) **U.S. DEPARTMENT OF AGRICULTURE**  **CORONAVIRUS FOOD ASSISTANCE**  **PROGRAM (CFAP) APPLICATION**  **(Continuation Sheet)** | | | | | | | 1. Recording State | | | 2. Program Year | | | |
| 3. Recording County | | | 4. Application Number | | | |
| **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 9, the CARES Act (Pub. L. 116-136), and 15 U.S.C. 714b and 714c.  The information will be used to determine eligibility for program benefits.  The information collected on this form may be disclosed to other Federal, State, and 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.*  ***Public Burden Statement (Paperwork Reduction Act)****:  Public reporting burden for this collection is estimated to average 60 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 USDA 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.*** | | | | | | | | | | | | |
| **PART B – PRODUCER INFORMATION** | | | | | | | | | | | | | |
| 5. Producer’s Name and Address *(City, State and Zip Code)* | | | | | | | | | | | | | |
| **PART D – NON-SPECIALTY CROP AND WOOL INFORMATION** | | | | | | | | | **COC USE ONLY** | | | | |
| 13.  Commodity | | 14.  Unit of Measure | | | 15.  2019 Total  Production | | 16.  2019  Production Not Sold  *(as of Jan 15, 2020)* | | 17.  COC Adjusted 2019  Total Production | | | 18.  COC Adjusted 2019 Production Not Sold  *(as of Jan 15, 2020)* | |
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| **PART E – LIVESTOCK INFORMATION** | | | | | | | | | **COC USE ONLY** | | | | |
| 19.  Livestock | | | 20.  Unit of Measure | 21.  Jan 15, 2020 - April 15, 2020Sales of Owned Inventory as of Jan 15, 2020& Any Offspring From Owned Inventory | | | 22.  Inventory  *(Highest Between*  *April 16, 2020 - May 14, 2020)* | | 23.  COC Adjusted Jan 15, 2020 - April 15, 2020Sales of Owned Inventory as of Jan 15, 2020& Any Offspring From Owned Inventory | | | | 24.  COC Adjusted Inventory |
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| **PART F - VALUE LOSS INFORMATION** | | | | | | | | **COC USE ONLY** | | | | | |
| 25.  Commodity | | | 26.  Value of Sales  (*Jan 15, 2020 –*  *April 15, 2020)* | | | 27.  Value of Inventory *(as of April 15, 2020)* | | 28.  COC Adjusted Value of Sales  (*Jan 15, 2020 –*  *April 15, 2020)* | | | 29.  COC Adjusted  Value of Inventory  *(as of April 15, 2020)* | | |
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**AD-3114-A** Continuation Sheet (Proposal 5) Page 2 of 2

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| **PART G - SPECIALTY CROP INFORMATION *(COC DETERMINATION NOT REQUIRED)*** | | | | | **AMS USE ONLY** | | |
| 30.  Crop | 31.  Unit of Measure | 32.  Volume of Production Sold  *(Jan 15, 2020 - April 15, 2020)* | 33.  Volume of Production Shipped but Not Sold and Unpaid  *(Jan 15, 2020 -April 15, 2020)* | 34.  Acres with Production Not Shipped or Sold  *(Jan 15, 2020 -April 15, 2020)* | 35.  AMS Adjusted Volume of Production Sold  *(Jan 15, 2020 - April 15, 2020)* | 36.  AMS Adjusted Volume of Production Shipped but Not Sold and Unpaid  *(Jan 15, 2020 -April 15, 2020)* | 37.  AMS Adjusted Acres with Production Not Shipped or Sold  *(Jan 15, 2020 -April 15, 2020)* |
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*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 http://www.ascr.usda.gov/complaint\_filing\_cust.html 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 form or letter 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.*