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| **­This form is available electronically.** | | | | |  | | | | OMB Control No. 0560-XXXX  Expiration Date:MM/DD/YYY | | | | | |
| **CCC-916**  (proposal 6) | | **U.S. DEPARTMENT OF AGRICULTURE**  Commodity Credit Corporation  **2020 SEAFOOD TRADE RELIEF PROGRAM (STRP) APPLICATION** | | | | | | | | | **CCC USE ONLY** | | | |
| 1. 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 Sec. 5 of the Commodity Credit Corporation Act [15 U.S.C. 714 et seq.]. The information will be used to determine the applicant’s eligibility to participate in and receive benefits under the Seafood Trade Relief 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 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 Seafood Trade Relief 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 XXXX. 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.*** | | | | | | | | | | | | | |
| **PART A – RECORDING COUNTY OFFICE *(FOR CCC USE ONLY)*** | | | | | | | | | | | | | | |
| 2A. Recording State & County Office Name | | | | 2B. Recording County Office Address | | | | | | 2C. Recording County Office Telephone No. *(Include Area Code)* | | | | |
| 2D. Recording County Office Fax No. *(Include Area Code)* | | | | |
| **PART B – APPLICANT INFORMATION** | | | | | | | | | | | | | | |
| 3A. Name (*Person or Legal Entity)* | | | | 3B. Address | | | | | | 3C. Contact Person’s Name | | | | |
| 3D. Contact Person’s Telephone No. (*Include Area Code)* | | | | |
| **PART C – SEAFOOD PRODUCTION** *(COMMERCIAL SEAFOOD PRODUCTION FROM JANUARY 1, 2019 TO DECEMBER 31, 2019)* | | | | | | | | | | | | **COC USE ONLY** | | |
| 4. Seafood Type | | | | 5. Unit of Measure | | | | 6. Actual Production (Ownership Share) | | | | 7. Adjusted Production | | |
|  | | | | LBS | | | |  | | | |  | | |
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| **PART D – APPLICANT CERTIFICATION** | | | | | | |  | | | | | | | |
| *The undersigned certifies that all the information entered on this form, whether personally entered by the undersigned or not, or by someone else, is true and correct. The undersigned certifies and acknowledges that the seafood production on this form is accurately identified by the applicant and represents only the applicant’s ownership share of total production for the year shown. The undersigned understands that the information entered on this form is subject to verification by spot-check. Failure to certify any of the information on this form and application accurately may result in a loss of program benefits. Additionally, by signing this form, the undersigned authorizes the purchaser, or any person who otherwise, stores or purchases commodity production listed on this form to disclose the production records of such seafood to USDA representatives for the purpose of verification. The undersigned (1) agrees to comply with all terms and conditions associated with STRP as stated in the notice of funds availability; (2) will maintain and provide verifiable and reliable production evidence upon request; and (3) within 60 days of signing this application agrees to complete and submit forms:* | | | | | | | | | | | | | | |
| * *CCC-902, Farm Operating Plan for Payment Eligibility (****NOTE:*** *Only Parts A and B are required)* * *CCC-941, Average Adjusted Gross Income (AGI) Certification and Consent Disclosure of Tax Information* | | | | | | | | * *CCC-901, Member’s Information, if applicable* * *CCC-942, Certification of Income From Farming, Ranching and Forestry Operations, optional* | | | | | | |
| *Failure of an individual, entity, or member of an entity to timely submit all information required may result in no payment or a reduced payment.* | | | | | | | | | | | | | | |
| 8A. Applicant’s Signature (By) | | | | | | 8B. Title/Relationship of Individual Signing in the Representative Capacity | | | | | | | | 8C. Date *(MM-DD-YYYY)* |
| **PART E – COC DETERMINATION (*FOR COC USE ONLY)*** | | | | | | | | | | | | | | |
| 9A. Signature of COC Representative | | | 9B. Title/Position of COC Representative | | | | | | | 9C. Date *(MM-DD-YYYY)* | | | 10. Action | |
|  | | |  | | | | | | |  | | | APPROVED  DISAPPROVED | |
| *In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from 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* [*http://www.ascr.usda.gov/complaint\_filing\_cust.html*](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*](mailto:program.intake@usda.gov)*. USDA is an equal opportunity provider, employer, and lender* | | | | | | | | | | | | | | |