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Form Approved - OMB No. 0560-0291 OMB Expiration Date: 03/31/2022

FSA-898 (proposal 13)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	Recording State Name/Code	Recording County Name/Code	3. Crop Year	4. Application No.
QUALI [*]	TY LOSS ADJUSTMENT (QLA) PROGRAM 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 7 CFR Part 760, Subpart R and the Additional Supplemental Appropriations for Disaster Relief Act, 2019 (Pub. L. 116-20), as amended by the Further Consolidated Appropriations Act, 2020 (Pub. L. 116-94). 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.

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.

PART A - PRODUCER AGREEMENT

The Department of Agriculture (USDA) will make payments to producers who meet the requirements of the QLA Program. The following information is needed in order for USDA to make a determination that the applicant is eligible to receive a QLA Program payment. By submitting this application, and upon approval by USDA, the applicant agrees:

- 1. To comply with regulations set forth in 7 CFR Part 760, Subpart R, which may be found at [insert docket link].
- 2. That the affected production of each crop included in this application suffered at least a 5 percent loss due to quality due to an eligible cause of loss.
- 3. To provide to USDA all information that is necessary to verify that the information provided on this form is accurate and to allow a USDA representative access to all documents and records of the applicant and those in the possession of a third-party such as a warehouse operator, processor or packer;
- 4. A complete QLA Program application includes this form, all required documentation and the following forms, which the applicant must submit no later than 14 days from the sign-up deadline:
 - FSA-578, Report of Acreage
 - FSA-895, Crop Insurance and/or NAP Coverage Agreement
 - FSA-899, Historical Nutritional Value Weighted Average Worksheet (QLA Program Forage Only), if applicable.
- 5. Failure of an individual, entity, or member of an entity to timely submit all information required to determine payment eligibility may result in no payment or a reduced payment. The applicant must submit the following forms within 60 days from the date the applicant signs this application:
 - CCC-902, Automated, Farm Operating Plan for Payment Eligibility 2009 and Subsequent Program Years
 - CCC-941, Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information
 - CCC-942, Certification of Income from Farming, Ranching and Forestry Operations
 - AD-1026, Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification.

PART B - PRODUCER INFORMATION

PART C - FORAGE

5. Producer's Name Address (City, State and Zip Code) and Phone Number (Include Area Code)

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Line	Line 6. State/ County				7. Crop		8. Crop Ty _l	8. Crop Type		9. Intended Use		10. Organic Status (O/C)		Event	12. Disaster Event Beginning Date (MM/DD/YYYY)	13. Disaster Event Ending Date (MM/DD/YYYY)
1																
2																
3																
Line	14. 15. 16.				17A		7B.				COC USE ONLY					
	Unit of Measure	Total Affe Product		Nutritional Category	Current Verifiable Nutritional Value						able Verifiable Nutritional Value		djusted Historical	21. COC Determined Average Percentage of Loss		
1																
2																
3																

FSA-898 (proposal 13) Page 2 of 2 PART D - CROPS OTHER THAN FORAGE WITH TOTAL DOLLAR VALUE LOSS 26. 27. 28. 25. 29. State/ Crop Crop Type Intended Use Organic Status Disaster Event Disaster Event Disaster Event Ending County (O/C) Beginning Date Date (MM/DD/YYYY) (MM/DD/YYYY) 1 2 3 33. Line 30. 31. 32. 34. **COC USE ONLY** Unit of Measure Total Affected Type of Total Dollar Value Loss Price Before Discount 35. 37. Production Quality Loss Discount on Affected Production **COC Adjusted Total COC Adjusted Total** COC Adjusted Price Affected Production Dollar Value Loss on Before Discount Affected Production 1 2 3 PART E - CROPS OTHER THAN FORAGE WITHOUT TOTAL DOLLAR VALUE LOSS 38. 39. 44. 45. 42. State/ Crop Type Intended Use Organic Status Disaster Event Disaster Event Disaster Event Ending Crop County (O/C) **Beginning Date** Date (MM/DD/YYYY) (MM/DD/YYYY) 1 2 3 Line 46. 48. **COC USE ONLY** Unit of Measure **Total Affected Production** Type of Quality Loss Discount 49. 50. 51. COC Adjusted Total Affected **COC** Determined **COC** Determined Production County Average Loss County Average Per Unit of Measure Price Before Discount 1 2 3 PART F - PRODUCER CERTIFICATION I hereby sign and acknowledge under penalty of perjury in accordance with 28 U.S.C. § 1746 and 18 U.S.C. § 1621 that the foregoing is true and correct. 52A. Signature (By) 52B. Title/Relationship of the Individual Signing in the Representative Capacity 52C. Date (MM/DD/YYYY) PART G - COC REVIEW 53. COC or Designee Signature 54. Date (MM/DD/YYYY) PART H - COC DETERMINATION

In accordance with Federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, and employees 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.

56. Date (MM/DD/YYYY)

57. Determination ☐ APPROVED

☐ DISAPPROVED

55. COC or Designee Signature

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.