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This form is available electronically.

OMB Expiration Date: 03/31/2022

**FSA-898** (proposal 13)

U.S. DEPARTMENT OF AGRICULTURE     (3)   Farm Service Agency	1. Recording State Name/Code	2. Recording County Name/Code	3. Crop Year	4. Application No.
QUALITY 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 OLA Program. The following information is needed in order for USDA to make a determination that the applicant is eligible to receive a OLA 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.
- 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 3. those in the possession of a third-party such as a warehouse operator, processor or packer;
- 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: 4.
  - FSA-578, Report of Acreage
  - FSA-895, Crop Insurance and/or NAP Coverage Agreement
  - FSA-899. Historical Nutritional Value Weighted Average Worksheet (OLA Program Forage Only), if applicable.
- 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 5.
  - 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

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

PART C – FORAGE														
Line	State/			7. Crop	8. Crop Typ	8. Crop Type		9. Intended Use		10. Organic Status	11. Disaster Event		12. Disaster Event	13. Disaster Event Ending Date
	County									(O/C)			Beginning Date (MM/DD/YYYY)	(MM/DD/YYYY)
1														
2														
3														
Line	14.						7B.		COC USE ONLY					
	Unit of Measure	Total Affe Product		Nutritional Category	Current Verifiable Nutritional Value	Historical Verifiable Nutritional Value (Item 23 on FSA-899)		18. COC Adjust Total Affect Production	ted	19. COC Adjusted Current Verifiable Nutritional Value		20. COC Adjusted Historical Verifiable Nutritional Value		21. COC Determined Average Percentage of Loss
1														
2														
3														

FSA-898 (proposal 13) Page 2 of 2													
PAR1	D - CROPS OTHER	R THA	N FORAGE WI	TH TOTAL I	DOLLAR	VALUE LOSS	S						
Line	ine 22. State/ County		23. Crop		24. Crop Type		25. Intended Use		26. Organic Status (O/C)		27. Disaster Event	28. Disaster Event Beginning Date (MM/DD/YYYY)	29. Disaster Event Ending Date <i>(MM/DD/</i> YYYY)
1	1												
2													
3													
Line				32. Turpa				34. Price Before Discount				COC USE ONLY	
	Unit of Measure		Production	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Total Dollar V on Affected F		Price Before Discount		35. COC Adjusted Total Affected Production		36. COC Adjusted Total Dollar Value Loss on Affected Production	37. COC Adjusted Price Before Discount
1													
2													
3													
PART	<b>FE - CROPS OTHER</b>	THAN	I FORAGE WI	TOT TUOH	AL DOLI	_AR VALUE L	OSS						
Line	e 38. State/ County			39. Crop		40. Сгор Туре		41. Intended Use		42. anic Status (O/C)	43. Disaster Event	44. Disaster Event Beginning Date (MM/DD/YYYY)	45. Disaster Event Ending Date ( <i>MM/DD/YYYY</i> )
1													
2													
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Line	e 46. 47. Unit of Measure Total Affected					48. lity Loss Discount				COC	USE ONLY		
	Unit of Measure			Floadclion		Type of Quality			49. COC Adjusted Total Affec Production		(	50. COC Determined County Average Loss Per Unit of Measure	51. COC Determined County Average 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. 3	Signature <i>(By)</i>						52B. Title/R	elationship of	the Individ	dual Signing in t	he Representative	Capacity	52C. Date (MM/DD/YYYY)
PART G – COC REVIEW													
53. COC or Designee Signature 54. Date (MM/DD/YYYY)											54. Date (MM/DD/YYYY)		
PART	TH-COC DETERMI	NATIC	)N										
55. COC or Designee Signature 56. Date (MM/DD/YYYY) 57. Determination   Image: Approved in the second sec											_		

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.

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.