# Instructions For CCC-888

# *FOOD SAFETY CERTIFICATION FOR SPECIALTY CROPS (FSCSC)*

### Producers use this form to apply for FSCSC payments for the 2020, 2021, and 2022 program years.

Submit the original of the completed form in hard copy to any FSA county office by mail, electronically, or in person. You can find an FSA county office using the USDA Service Center Locator at <http://offices.sc.egov.usda.gov/locator/app>.

In addition to CCC-888, you must also submit the following to complete your application:

* SF-3881, if not previously filed with FSA.
* AD-2047, if not previously filed with FSA
* Signature authority if an entity

All documentation and required forms may be submitted in person, electronically or by mail except AD-2047, which may be submitted in person or by phone through any FSA county office.

***Producers must complete Items 1 through 13.***

#### Item 14 is for FSA use only.

#### Items 1-13

| Fld Name / Item No. | Instruction |
| --- | --- |
| 1  Recording State Name/Code | Enter the recording State name and code. |
| 2  Recording County Name/Code | Enter the recording county name and code. |
| 3  Program Year | Enter the program year for which you are applying for benefits.  The 2020 program year covers expenses **paid** between January 1, 2020, and December 31, 2020.  The 2021 program year covers expenses **paid** between January 1, 2021 and December 31, 2021.  The 2022 program year covers expenses **paid** between January 1, 2022 and December 31, 2022  **Note:** Separate CCC-888’s must be completed for **each** program year. |
| 4  Application No. | This will be automatically populated, leave blank if a manual form. |
| 5  Applicant Name | Enter the applicant’s name.  **Note:** The applicant’s name in Item 5 **must** match the person or entity listed on the applicant’s Food Safety certificate or plan. |
| 6  Applicant’s Address | Enter the applicant’s address (including ZIP code). |
| 7  Have you recently participated in FSA programs? | Check “YES” or “NO” to indicate whether the applicant has recently participated in FSA programs.  If “NO” is selected, you must also submit completed forms AD-2047 and SF-3881 to receive payment. |
| 8  Applicant’s Phone Number | Enter the applicant’s phone number. |
| 9  Email Address | Enter the applicant’s Email address. |
| 10A  Category of Expenses | Check the appropriate box(es) to indicate the category of expenses for which you are applying. |
| 10B  Expenses | Enter the associated costs for each selected category.  For costs that apply to more than one category, divide the amount by the number of all categories for which the cost was incurred. |
| 10C  Number of Tests | Enter the number of tests for testing for the three categories. |
| 10D  COC Adjustment of Expenses | For COC use only, leave blank |
| 10E  Other Reimbursement for Expenses Received | Enter the amount received as reimbursement from other sources for each category. If zero leave blank. |
| 10F  COC Adjustment of Other Reimbursement for Expenses Received | For COC use only, leave blank |
| 11  Are you a small business? | Check “YES” or “NO” to indicate if you meet the definition of a small business.  A small business is an average annual monetary value of specialty crops the farm sold during the 3-year period preceding the program year of more than $250,000 but not more than $500,000. |
| 12  Are you a very small business? | Check “YES” or “NO” to indicate if you meet the definition of a very small business  A very small business is an average annual monetary value of specialty crops the farm sold during the 3-year period preceding the program year of no more than $250,000. |
| 13A  Applicant’s Signature | Applicant signature.  Print the form and manually enter your signature. |
| 13B  Title/ Relationship of the Individual Signing in the Representative Capacity | If you are signing on behalf of an entity or another individual, enter your representative title/relationship to the entity or individual.  **Note:** If you are **not** signing in the representative capacity, this field should be left blank. |
| 13C  Date | Enter the date the form is signed. *(MM-DD-YYYY)* |

#### Part D is for CCC use only.