## **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 <a href="http://offices.sc.egov.usda.gov/locator/app">http://offices.sc.egov.usda.gov/locator/app</a>.

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 /<br>Item No.             | Instruction                               |
|------------------------------------|---|
| 1<br>Recording State<br>Name/Code  | Enter the recording State name and code.  |
| 2<br>Recording County<br>Name/Code | Enter the recording county name and code. |

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| Fld Name /<br>Item No.                                     | Instruction   |
|--|---|
| 3<br>Program Year  | Enter the program year for which you are applying for benefits.   |
|  | The 2020 program year covers expenses <b>paid</b> between January 1, 2020, and December 31, 2020.   |
|  | The 2021 program year covers expenses <b>paid</b> between January 1, 2021 and December 31, 2021.  |
|  | The 2022 program year covers expenses <b>paid</b> between January 1, 2022 and December 31, 2022   |
|  | <b>Note:</b> Separate CCC-888's must be completed for <b>each</b> program year.   |
| 4 Application No.  | This will be automatically populated, leave blank if a manual form.   |
| 5<br>Applicant Name  | Enter the applicant's name.   |
|  | <b>Note:</b> The applicant's name in Item 5 <b>must</b> match the person or entity listed on the applicant's Food Safety certificate or plan. |
| 6<br>Applicant's<br>Address                                | Enter the applicant's address (including ZIP code).   |
| 7<br>Have you recently<br>participated in FSA<br>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<br>Applicant's Phone<br>Number                           | Enter the applicant's phone number.   |
| 9  | Enter the applicant's Email address.  |
| Email Address  | Ziter the applicant o Zinan authors.  |
| 10A<br>Category of<br>Expenses                             | Check the appropriate box(es) to indicate the category of expenses for which you are applying.  |
| 10B  | Enter the associated costs for each selected category.  |
| Expenses   | 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<br>Number of Tests                                     | Enter the number of tests for testing for the three categories.   |
| 10D<br>COC Adjustment<br>of Expenses                       | For COC use only, leave blank   |

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| Fld Name /<br>Item No.         | Instruction  |
|--------------------------------|--|
| 10E                            | Enter the amount received as reimbursement from other sources for each   |
| Other<br>Reimbursement for     | category. If zero leave blank.   |
| Expenses Received              |  |
| 10F                            | For COC use only, leave blank  |
| COC Adjustment                 |  |
| of Other                       |  |
| Reimbursement for              |  |
| Expenses Received              | Cheels "VEC" or "NO" to indicate if you most the definition of a small   |
| Are you a small                | Check "YES" or "NO" to indicate if you meet the definition of a small business.  |
| business?                      | ousiness.  |
|                                | 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                             | Check "YES" or "NO" to indicate if you meet the definition of a very small business  |
| Are you a very small business? | Dusiliess  |
| oman basiness.                 | 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 signature.   |
| Applicant's<br>Signature       | Drint the form and manually enter your signature   |
| 13B                            | Print the form and manually enter your signature.  If you are signing on behalf of an entity or another individual, enter your |
| Title/ Relationship            | representative title/relationship to the entity or individual.   |
| of the Individual              |  |
| Signing in the                 | <b>Note:</b> If you are <b>not</b> signing in the representative capacity, this field should be                                |
| Representative                 | left blank.  |
| Capacity                       |  |
| 13C                            | Enter the date the form is signed. (MM-DD-YYYY)  |
| Date                           |  |

Part D is for CCC use only.

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