# Instructions For FSA-438

# *ORIENTAL FRUIT FLY PROGRAM*

### Producers who suffered a revenue loss due to the Oriental Fruit Fly Quarantine in Miami-Dade County, FL, which occurred August 28, 2015 through February 13, 2016, will complete this application to apply for a Oriental Fruit Fly Program payment.

**Submit the original of the completed form in hard copy or facsimile to the appropriate USDA servicing office.**

***Producers must complete Items 1 through 3A, and Items 4 through 16C.***

####  Items 1 -3A

| Fld Name /Item No. | Instruction |
| --- | --- |
| 1Administra-tive State Name/Code | Enter Administrative State Name and State Code for the OFF producer. |
| 2Administra-tive County Name/Code | Enter Administrative County Name and County Code for the OFF producer. |
| 3AProducer Name | Enter the name of the producer who will be applying for OFF. |

#### Item 3B is for FSA use only.

***Items 4 -16C***

| Fld Name /Item No. | Instruction |
| --- | --- |
| 4Producer Address | Enter the complete address including ZIP code for the producer who will be applying for OFF. |
| 5Producer Telephone Number | Enter the producer’s telephone number including area code. |
| 6Producer Email Address | Enter the producers email address (optional). |
| 7Contact Producer Name | If the contact producer is different from the producer in Item 3A, enter name of individual to contact for questions regarding the information provided on the FSA-438. |
| 8Contact Producer Address | Enter contact producer address if applicable. |
| 9Contact Producer Telephone Number | Enter contact producer telephone number if applicable, |
| 10Contact Producer Email Address | Enter contact producer email address if applicable (optional). |
| 11I certify I signed… | Check box “YES” or “NO”. |
| 12I certify the producer… | Check box “YES” or “NO”. |
| 13AFSA Farm Serial Number…. | Enter the FSA Farm Serial Number (s) **or** Miami-Dade County Property Search ID Number (s) that identifies the property location (s) that suffered a revenue loss due to the Oriental Fruit Fly Quarantine which occurred August 28, 2015 through February 13, 2016. |
| 13BCrops that suffered….. | Enter the crop name (s) that suffered a revenue loss due to the Oriental Fruit Fly Quarantine that occurred August 28, 2015 through February 13, 2016. |
| 14A2014 or 2017 Calendar Year Gross Revenue | If the producer had 2014 revenue, check 2014 in Item 14A and record the producer’s 2014 calendar year gross revenue applicable to the crop(s) listed in Item 13B. Otherwise, check 2017 and enter the producer’s 2017 calendar year gross revenue applicable to the crop (s) listed in Item 13B. |
| 14B2015 Calendar Year Gross Revenue | Enter the producer’s 2015 calendar year gross revenue applicable to the crop(s) listed in Item 13B. |
| 14C2016 Calendar Year Gross Revenue | Enter the producer’s 2016 calendar year gross revenue applicable to the crop(s) listed in Item 13B. |
| 15Remarks | Enter any necessary comments. |
| 16AProducer’s Signature (By) | The producer named in Item 3A will sign.**Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the only person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.****Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.** |
| 16BTitle/Relationship | Enter title/relationship of the individual signing in Item 16A. |
| 16CDate Signed | Enter the date the producer signs Item 16A. |

***Items 17A through 17B are for FSA use only.***

# Instructions For FSA-438-1

# *CONTINUATION SHEET FOR THE ORIENTAL FRUIT FLY PROGRAM (OFF) APPLICATION*

### Producers who suffered a revenue loss due to the Oriental Fruit Fly Quarantine in Miami-Dade County, FL, which occurred August 28, 2015 through February 13, 2016, will complete this application to apply for an Oriental Fruit Fly Program payment.

**Submit the original of the completed form in hard copy or facsimile to the appropriate USDA servicing office.**

***Producers must complete Item 1A, Items 2 through 11B***

#### Item 1

| Fld Name /Item No. | Instruction |
| --- | --- |
| 1AProducer Name | Enter the name of the producer who will be applying for OFF. |

***Items 1B is for FSA use only.***

***Items 2 – 11B***

| Fld Name /Item No. | Instruction |
| --- | --- |
| 2Producer Address | Enter the Enter the complete address including ZIP code for the producer who will be applying for OFF. |
| 3Producer Telephone Number | Enter the producer’s telephone number including area code. |
| 4Producer Email Address | Enter the producers email address (optional). |
| 5Contact Producer Name | If the contact producer is different from the producer in Item 3A, enter name of individual to contact for questions regarding the information provided on the FSA-438. |
| 6Contact Producer Address | Enter contact producer address if applicable. |
| 7Contact Producer Telephone Number | Enter contact producer telephone number if applicable, |
| 8Contact Producer Email Address | Enter contact producer email address if applicable (optional). |
| 9I certify I signed…. | Check box “YES” or “NO”. |
| 10I certify the producer… | Check box “YES” or “NO”. |
| 11AFSA Farm Serial Number(s).. | Enter the FSA Farm Serial Number (s) **or** Miami-Dade County Property Search ID Number (s) that identifies the property location (s) that suffered a revenue loss due to the Oriental Fruit Fly Quarantine which occurred August 28, 2015 through February 13, 2016. |
| 11BCrops that suffered a revenue loss due….. | Enter the crop name (s) that suffered a revenue loss due to the Oriental Fruit Fly Quarantine that occurred August 28, 2015 through February 13, 2016. |