

## 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*

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

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

#### *Items 4 -16C*

<b>Fld Name / Item No.</b>	<b>Instruction</b>
4 Producer Address	Enter the complete address including ZIP code for the producer who will be applying for OFF.
5 Producer Telephone	Enter the producer's telephone number including area code.

Fld Name / Item No.	Instruction
Number	
6 Producer Email Address	Enter the producers email address (optional).
7 Contact 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.
8 Contact Producer Address	Enter contact producer address if applicable.
9 Contact Producer Telephone Number	Enter contact producer telephone number if applicable,
10 Contact Producer Email Address	Enter contact producer email address if applicable (optional).
11 I certify I signed...	Check box "YES" or "NO".
12 I certify the producer...	Check box "YES" or "NO".
13A FSA Farm Serial Number....	Enter the FSA Farm Serial Number (s) <b>or</b> 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.
13B Crops 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.
14A 2014 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.

Fld Name / Item No.	Instruction
14B 2015 Calendar Year Gross Revenue	Enter the producer's 2015 calendar year gross revenue applicable to the crop(s) listed in Item 13B.
14C 2016 Calendar Year Gross Revenue	Enter the producer's 2016 calendar year gross revenue applicable to the crop(s) listed in Item 13B.
15 Remarks	Enter any necessary comments.
16A Producer's Signature (By)	<p>The producer named in Item 3A will sign.</p> <p><b>Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, <u>provided</u> 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.</b></p> <p><b>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.</b></p>
16B Title/ Relationship	Enter title/relationship of the individual signing in Item 16A.
16C Date 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***

<b>Fld Name / Item No.</b>	<b>Instruction</b>
1A Producer Name	Enter the name of the producer who will be applying for OFF.

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

#### ***Items 2 – 11B***

<b>Fld Name / Item No.</b>	<b>Instruction</b>
2 Producer Address	Enter the Enter the complete address including ZIP code for the producer who will be applying for OFF.
3 Producer Telephone Number	Enter the producer's telephone number including area code.
4 Producer Email Address	Enter the producers email address (optional).
5 Contact Producer	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.

Fld Name / Item No.	Instruction
Name	
6 Contact Producer Address	Enter contact producer address if applicable.
7 Contact Producer Telephone Number	Enter contact producer telephone number if applicable,
8 Contact Producer Email Address	Enter contact producer email address if applicable (optional).
9 I certify I signed....	Check box "YES" or "NO".
10 I certify the producer...	Check box "YES" or "NO".
11A FSA Farm Serial Number(s)..	Enter the FSA Farm Serial Number (s) <b>or</b> 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.
11B Crops 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.