

<b>FSA-413 U.S. DEPARTMENT OF AGRICULTURE</b> (Proposal 23) Farm Service Agency  <b>EMERGENCY GRAIN STORAGE FACILITY ASSISTANCE PROGRAM (EGSFP) APPLICATION</b>	FOR COUNTY OFFICE USE ONLY									
	1. Administrative State	2. Administrative County								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Name</td> <td style="width:50%; text-align: center;">Code</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>	Name	Code			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Name</td> <td style="width:50%; text-align: center;">Code</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>	Name	Code		
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3. Program Year <b>2023</b>	4. Application Number									

**PART A - APPLICANT'S INFORMATION**

5A. Applicant's Name ( <i>Person or Legal Entity</i> )			5G. Applicant's CCID Number (For County Office Use Only)	
5B. Address Line 1			5H. Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
5C. Address Line 2			5I. Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
5D. City	5E. State	5F. Zip	5J. Email Address ( <i>Optional</i> )	
5K. Do you meet the definition of an Underserved Producer?  <input type="checkbox"/> YES <input type="checkbox"/> NO			5L. Disbursement Type  <input type="checkbox"/> Partial/Final <input type="checkbox"/> Final	
5M. Applicant's Signature (By)		5N. Title/Relationship of Individual if Signing in Representative Capacity		5O. Date of Applicant's Signature

6. *I certify the producer listed in Item 5A is an individual person that is a U.S. Citizen, Resident Alien, Foreign Person or a legal entity including a corporation, LLC, LP, trust, estate, general partnership or joint venture, or similar type entity, comprised solely of persons who are U.S. Citizen, Resident Aliens, or Foreign Persons and meet all other EGSFP requirements.*

YES  NO

**PART B - CONTACT PRODUCER'S INFORMATION**

7A. Contact Producer's Name				
7B. Address Line 1			7G. Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
7C. Address Line 2			7H. Alternative Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
7D. City	7E. State	7F. Zip	7I. Email Address ( <i>Optional</i> )	

**PART C - EGSFP ELIGIBILITY FOR ON-FARM GRAIN STORAGE STRUCTURE AND/OR DRYING/HANDLING EQUIPMENT INFORMATION**

8. Did all applicants harvest grain in an affected county eligible for EGSFP assistance?

YES If YES, list names of affected counties for all applicants: \_\_\_\_\_

NO If NO, explain in remarks. \_\_\_\_\_

9. Were all applicants; (1) actively producing and marketing grain when the eligible disaster events occurred; (2) still actively producing grain; (3) will use the storage, drying/handling equipment for at least 3 years after the EGSFP payment is issued.

YES

NO If NO, explain in remarks. \_\_\_\_\_

DATE STAMP

**PART C - EGGSFP ELIGIBILITY FOR ON-FARM GRAIN STORAGE STRUCTURE AND/OR DRYING/HANDLING EQUIPMENT INFORMATION (Continuation)**

10. Completely describe the on-farm grain storage structure and/or drying/handling equipment that will be purchased for the on-farm grain storage capacity.

11. What is the legal description of where the on-farm grain storage structure will be installed or where the drying/handling equipment will be stored?

12. List all grain crops produced for the applicant and co-applicants that require on-farm grain storage and drying/handling equipment.

**PART D - CERTIFICATION OF APPLICANT/CO-APPLICANT'S ON-FARM GRAIN STORAGE CAPACITY NEED**

The applicant and co-applicants certify to the following on-farm grain storage capacity need below.

13A. Total crop year 2021 and 2022 harvested grain production combined for applicant and co-applicants. \_\_\_\_\_

13B. Total on-farm grain storage capacity (Bushels) owned by the applicant and co-applicants. \_\_\_\_\_

13C. Total on-farm grain storage capacity (*Bushels*) needed for applicant and co-applicants.   
 (*Item 13A minus Item 13B*) \_\_\_\_\_

13D. Total capacity of the on-farm grain storage structure (*Bushels*) to be constructed. If Item 13D is greater than Item 13C, then Item 13C will be used to determine the on-farm grain storage capacity need for EGSSFP assistance. \_\_\_\_\_

**PART E - REQUEST FOR EGSSFP ASSISTANCE**

14. Applicant and co-applicant's request the estimated dollar amount \_\_\_\_\_ for the EGSSFP assistance described in Item 10.

15A. Applicant/Co-Applicant's Name	15B. Applicant/Co-Applicant's Share of Item 13A

**PART F - REMARKS**

16. Enter any remarks.

**PART G - EGSFP AGREEMENT**

The undersigned applicant and co-applicants request assistance under the Emergency Grain Storage Facility Assistance Program (EGSFP). The undersigned certifies that all of the information entered on this form, whether personally entered by the undersigned or not, or by someone else, is true and correct. The undersigned certifies and acknowledges that the grain production and storage capacity on this form is accurately identified by the applicant and the co-applicant's share. The undersigned understands the information entered on this form may be subject to verification by spot-check. The failure to certify any information on this form and application accurately may result in loss of program benefits. Additionally, by signing this form, the undersigned (1) agrees to comply with all terms and conditions associated with EGSFP as stated in the notice of funds availability; (2) certify they have documentation to support this application and that FSA can demand documentation to support the application for 3 years after the date of application; (3) agrees FSA will determine whether the documentation meets program requirements; (4) authorizes FSA access to the site of the on-farm grain storage structure and/or drying/handling equipment; (5) agrees that the on-farm grain storage structure and/or drying/handling equipment described must have a useful life of at least 3 years; (6) understands that any grain storage structure and/or grain drying/handling equipment purchased or constructed prior to the EGSFP NOFA publication date will be determined ineligible for an EGSFP payment; (7) understands EGSFP payments made to an eligible person or legal entity, other than a joint venture or general partnership, may not exceed \$125,000; (8) FSA will determine if the self-certified cost for the on-farm grain storage structure and drying and handling equipment is reasonable based on general construction, labor, and supply rates for the respective areas; (9) within 30 calendar days of signing this application agree to complete and submit the following forms, if not already on file with FSA:

- Manual Form CCC-902-I, Farm Operating Plan for an Individual, as applicable
- Manual Form CCC-902E, Farm Operating Plan for an Entity, as applicable
- CCC-901, Member Information for Legal Entities (if applicable)
- AD-1026, Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification
- AD-2047, Customer Data Worksheet
- CCC-860, Socially Disadvantaged, Limited Resource, Beginning and Veteran Farmer of Rancher Certification (if applicable)

This application will not be considered complete until the applicant and co-applicants that have a share of the EGSFP production have completed all required items and signed in Part A or the continuation page, as applicable. Failure of an individual, entity, or member of an entity to timely submit all information required may result in no payment or a reduced payment. EGSFP payments will be subject to the availability of funding.

**PART H - COC/STC - DETERMINATION (FOR COUNTY OFFICE USE ONLY)**

17A. COC/STC Action on Request for EGSFP Assistance  <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	17B. Signature of COC/STC Representative	17C. Title/Position of COC/STC Representative	17D. Date Signed
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**PART I - REQUEST FOR EGSFP PARTIAL PAYMENT (If Applicable)**

18. The undersigned request a partial EGSFP payment in the amount of \_\_\_\_\_ . The undersigned certify they (a) have read and understand the EGSFP requirement in Part G - EGSFP AGREEMENT; (b) completed a commensurate share, up to 50 percent, of the construction or purchase of the eligible on-farm grain storage structure and/or drying/handling equipment as described in Part C; (c) understand an [FSA](#) employee may inspect and verify the amount of construction completed and/or purchased, before or after a partial EGSFP payment is disbursed; (d) understand the payment requested in this item will be based on applicant/co-applicant's share, cost-share factor and provisions in Part G.

19A. Applicant/Co-Applicant's Signature (By)	19B. Title/Relationship of Individual if Signing in a Representative Capacity	19C. Date of Applicant/Co-Applicant's Signature

**PART J - COC/STC DETERMINATION - EGSFP PARTIAL PAYMENT (If Applicable) (FOR COUNTY OFFICE USE ONLY)**

20A. COC/STC Determination  <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	20B. Signature of COC/STC Representative	20C. Title/Position of COC/STC Representative	20D. Date Signed
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**PART K - REQUEST FOR EGSFP FINAL PAYMENT**

21. The undersigned request an **EGSFP FINAL payment** in the amount of \_\_\_\_\_ . The undersigned certify (a) they have read and understand the EGSFP requirements in Part G - EGSFP AGREEMENT, (b) completed construction or purchase of the eligible on-farm grain storage structure and/or drying/handling equipment as described in Part C; (c) understand an FSA employee may inspect and verify construction of the on-farm grain storage structure is complete and/or the drying/handling equipment is purchased, before or after a final EGSFP payment is disbursed (d) they understand the payment amount requested will be based on applicant/co-applicant's share, cost-share factor and provisions in Part G.

22. Does the EGSFP PARTIAL payment request and EGSFP FINAL payment (if applicable) exceed the EGSFP estimated request in Item 14?

YES  NO

If YES, the EGSFP payment increase must be approved in Part M.

23A. Applicant/Co-Applicant's Signature (By)	23B. Title/Relationship of Individual if Signing in a Representative Capacity	23C. Date of Applicant/Co-Applicant's Signature

**PART L - COC/STC DETERMINATION - EGSFP FINAL PAYMENT (FOR COUNTY OFFICE USE ONLY)**

24A. COC/STC Determination	24B. Signature of COC/STC Representative	24C. Title/Position of COC/STC Representative	24D. Date Signed
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			

**PART M - COC/STC DETERMINATION - REQUEST FOR EGSFP INCREASE (If Applicable) (FOR COUNTY OFFICE USE ONLY)**

25A. COC/STC Determination  <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	25B. Final Approved EGSFP assistance if total of EGSFP payments exceeds EGSFP assistance requested in Item 14.  \$	
26A. Signature of COC/STC Representative	26B. Title/Position of COC/STC Representative	26C. Date Signed

**NOTE: Privacy Act Statement:** *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 the CCC Charter Act. The information will be used to determine eligibility to participate and receive benefits under the Emergency Grain Storage Facility Assistance Program. 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 concerning the processing of the Emergency Grain Storage Facility Assistance Program payment request.*

**Public Burden Statement (Paperwork Reduction Act):** *According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-XXXX. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.*

**Non-Discrimination Statement:** *In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions 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](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*

<b>FSA-413-1 U.S. DEPARTMENT OF AGRICULTURE</b> (Proposal 23) Farm Service Agency  <b>CONTINUATION SHEET FOR EMERGENCY GRAIN STORAGE FACILITY ASSISTANCE PROGRAM (EGSFP) APPLICATION</b>	<b>FOR COUNTY OFFICE USE ONLY</b>	
	1. Administrative State	2. Administrative County
	Name Code	Name Code
	3. Program Year	4. Application Number
	<b>2023</b>	

**PART A - CO-APPLICANT'S INFORMATION (Co-Applicant's must complete FSA-413-1 Continuation Sheet for EGSFP Application)**

5A. Co-Applicant's Name (Person or Legal Entity)			5G. Co-Applicant's CCID Number (For County Office Use Only)		
5B. Address Line 1			5H. Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell		
5C. Address Line 2			5I. Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell		
5D. City	5E. State	5F. Zip	5J. Email Address (Optional)		
5K. Do you meet the definition of an Underserved Producer?  <input type="checkbox"/> YES <input type="checkbox"/> NO					
5L. Co-Applicant's Signature (By)		5M. Title/Relationship of Individual if Signing in a Representative Capacity		5N. Date of Co-Applicant's Signature	
6. <i>I certify the producer listed in Item 5A is an individual person that is a U.S. Citizen, Resident Alien, Foreign Person or a legal entity, including a corporation, LLC, LP, trust, estate, general partnership or joint venture, or similar type entity, comprised solely of persons who are U.S. Citizen, Resident Aliens, or Foreign Persons and meet all other EGSFP requirements.</i>  <input type="checkbox"/> YES <input type="checkbox"/> NO					

**PART B - CO-APPLICANT'S INFORMATION (Co-Applicant's must complete FSA-413-1 Continuation Sheet for EGSFP Application)**

5A. Co-Applicant's Name (Person or Legal Entity)			5G. Co-Applicant's CCID Number (For County Office Use Only)		
5B. Address Line 1			5H. Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell		
5C. Address Line 2			5I. Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell		
5D. City	5E. State	5F. Zip	5J. Email Address (Optional)		
5K. Do you meet the definition of an Underserved Producer?  <input type="checkbox"/> YES <input type="checkbox"/> NO					
5L. Co-Applicant's Signature (By)		5M. Title/Relationship of Individual if Signing in a Representative Capacity		5N. Date of Co-Applicant's Signature	
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