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|---|--|--|-------------------------------|
| <b>FSA-520</b><br>(Proposal 5)  | <b>U.S. DEPARTMENT OF AGRICULTURE</b><br>Farm Service Agency | 1. Crop Year   | 2. Application Number         |
| <h2 style="margin: 0;">EMERGENCY RELIEF PROGRAM (ERP)<br/>                     PHASE 1 APPLICATION</h2> |  | 3. Recording State Name/Code   | 4. Recording County Name/Code |
|   |  | 5A. Name and Address of Recording County FSA Office<br><i>(Include City, State and Zip Code)</i> |                               |
|   |  | 5B. Recording County FSA Office Telephone No. <i>(Include Area Code)</i>                         |                               |

**NOTE:** 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 Extending Government Funding and Delivering Emergency Assistance Act (Pub. L. 117-43). The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, and 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 for program benefits. Payments may be made under the program to which the form applies only to the extent permitted by applicable authorities.

**Public Burden Statement (Paperwork Reduction Act):** Public reporting burden for this collection is estimated to average 15 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection of information, unless it displays a valid OMB control number. **RETURN THIS COMPLETED FORM TO YOUR RECORDING COUNTY FSA OFFICE.**

**PART A – PRODUCER AGREEMENT**

The Farm Service Agency (FSA) will make payments under ERP Phase 1 to producers who meet the requirements of the program. The following information is needed in order for FSA to determine that the producer is eligible to receive ERP Phase 1 assistance. By submitting this application, the producer agrees:

1. To comply with the Notice of Funds Availability published by FSA. A copy of this document may be found at: <https://www.fsa.usda.gov/programs-and-services/emergency-relief/index>
2. To provide to FSA any additional information requested by FSA to verify that information provided on this form is accurate. Producer is required to retain documentation in support of their application for 3 years after the date of approval. All information provided to FSA for program eligibility and payment calculation purposes, including certification that a producer suffered an eligible loss due to a qualifying disaster event, is subject to spot check.
3. To comply with payment attribution and payment eligibility provisions by submitting the following forms within 60 days, if not already on file with FSA:
  - AD-2047, Customer Data Worksheet
  - CCC-902, Farm Operating Plan for Payment Eligibility
  - CCC-901, Member Information for Legal Entities (if applicable)
  - AD-1026, Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification
  - FSA-510, Request for an Exception to the \$125,000 Payment Limitation for Certain Programs (if applicable)
  - CCC-860, Socially Disadvantaged, Limited Resource, Beginning and Veteran Farmer or Rancher Certification (if applicable).

The application will not be considered complete until all producers that have a share of the ERP Phase 1 payment have completed all required items and signed in item 24. 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.

4. That for the purpose of certifications in items 15 and 23, a qualifying loss means that the calculated crop insurance indemnity or NAP payment that I received was due, in whole or in part, to a crop production loss or a loss of trees, bushes, and vines caused by a qualifying disaster event. For ERP, qualifying disaster event means: wildfires, hurricanes (including excessive wind, storm surges, tornados, tropical storms, and tropical depressions that occurred as a direct result of a hurricane), floods (including silt and debris that occurred as a direct and proximate result of flooding), derechos (including excessive wind that occurred as a direct result of a derecho), excessive heat, winter storms (including excessive wind and blizzards that occurred as a direct result of a winter storm), freeze (including a polar vortex), smoke exposure, excessive moisture, and qualifying drought, and related conditions, occurring in calendar years 2020 and 2021. Related conditions mean damaging weather and adverse natural occurrences that occurred concurrently with and as a direct result of a specified qualifying disaster event. "Qualifying drought" means an area within the county in which the loss occurred was rated by the U.S. Drought Monitor as having a drought intensity of D2 (severe drought) for eight consecutive weeks or D3 (extreme drought) or higher for any period of time during the applicable calendar years. A list of counties that experienced a qualifying drought in calendar years 2020 and 2021 is available through local FSA service centers and at <https://www.fsa.usda.gov/programs-and-services/emergency-relief/index>.

DATE STAMPED

**PART A – PRODUCER AGREEMENT, Continued from Page 1**

The Extending Government Funding and Delivering Emergency Assistance Act requires producers to obtain crop insurance or NAP coverage for the next two available crop years to be eligible for an ERP payment. By signing this form, the producer agrees to **have read and comply with the crop insurance and NAP coverage requirement as stated below for each crop for which “Yes” is checked in items 14 and 22.** This agreement does not supersede or modify any previous requirements to purchase crop insurance or NAP coverage under any other law or program.

I understand that I have applied for a payment under ERP on at least one **insurable crop and/or NAP eligible crop**. In return for receiving a payment under ERP, I agree to purchase crop insurance or NAP, as may be applicable for the crop, at a coverage level equal to or greater than 60 percent for insurable crops; or at the catastrophic level or higher for NAP crops, for the next two available crop years. Availability will be determined from the date I receive an ERP payment and may vary depending on the timing and availability of crop insurance or NAP for particular crops. The final crop year to purchase crop insurance or NAP coverage to meet the second year of coverage for this requirement is the 2026 crop year. I understand that I am also required to pay any service fees, administrative fees, and premiums associated with such coverage. I acknowledge that I must refund my ERP payment if I fail to meet this requirement.

If I am required to meet this requirement for a crop for which an individual crop insurance policy is not available and I am ineligible for a NAP payment for the applicable year(s) because I exceed the average Adjusted Gross Income (AGI) limitation, then I must meet this requirement by either:

- obtaining NAP coverage and paying the applicable NAP service fee as required above, regardless of my ineligibility for NAP payment; or
- purchasing Whole-Farm Revenue Protection (WFRP) crop insurance coverage, if eligible,

If I receive a Phase 1 payment that was calculated based on an indemnity under a PRF, Annual Forage, or WFRP policy, I understand that I must purchase the same type of policy or a combination of individual policies for the crops that had covered losses under ERP to meet this linkage requirement.

**PART B – PRODUCER INFORMATION**

6. Producer’s Name, Address (*City, State and Zip Code*) and Phone Number (*Include Area code*)

**PART C – INSURED CROP INFORMATION**

| 7.<br>Physical<br>State/County<br>Code | 8.<br>Pay Unit | 9.<br>Crop | 10.<br>Gross<br>Indemnity | 11.<br>Estimated<br>ERP<br>Payment (Prior to<br>adjustments) | 12.<br>Primary Policyholder and SBI's | 13.<br>Share | 14.<br>In return for receiving<br>an ERP payment on<br>this crop, I agree to<br>purchase crop<br>insurance or NAP as<br>provided in Part A. | 15.<br>I certify that I had<br>a qualifying loss<br>as defined in Part<br>A. |
|--|----------------|------------|---------------------------|--|---------------------------------------|--------------|---|--|
|  |                |            |                           |  |                                       |              | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |
|  |                |            |                           |  |                                       |              | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
|  |                |            |                           |  |                                       |              | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |

**PART D – NAP CROP INFORMATION**

| 16.<br>Admin<br>State/County<br>Code | 17.<br>Unit | 18.<br>Crop | 19.<br>Pay Group | 20.<br>NAP Payment | 21.<br>Estimated ERP Payment<br>(Prior to adjustments) | 22.<br>In return for<br>receiving an ERP<br>payment on this<br>crop, I agree to<br>purchase crop<br>insurance or NAP<br>as provided in Part<br>A. | 23.<br>I certify that I had a<br>qualifying loss as<br>defined in Part A. |
|--------------------------------------|-------------|-------------|------------------|--------------------|--|---|---|
|                                      |             |             |                  |                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No                  |

**PART E – PRODUCER CERTIFICATIONS**

I certify that all information on this application, whether entered by me or by someone else on my behalf, is true and correct. I understand that if any information is determined to be in error, the application may be denied, and such errors may result in a determination of ineligibility in whole or in part.

|   |  |                        |
|---|--|------------------------|
| 24A. Producer's/Primary Policyholder's Signature (By) | 24B. Title/Relationship of Individual Signing in a Representative Capacity | 24C. Date (MM-DD-YYYY) |
| 24D. SBI Signature (By)                               | 24E. Title/Relationship of Individual Signing in a Representative Capacity | 24F. Date (MM-DD-YYYY) |

**PART F –FSA REPRESENTATIVE CERTIFICATION**

|                                     |                               |
|-------------------------------------|-------------------------------|
| 25A. FSA Representative's Signature | 25B. Date Signed (MM-DD-YYYY) |
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*In accordance with Federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, and employees 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.*