

## Instructions For FSA-1122

### PANDEMIC ASSISTANCE REVENUE PROGRAM (PARP) APPLICATION

This form will be used for applicants to apply for PARP benefits.

Submit the original of the completed form in hard copy, by email or facsimile to the appropriate USDA servicing office. <https://offices.sc.egov.usda.gov/locator/app>

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 website <https://forms.sc.egov.usda.gov/eForms/welcomeAction.do?Home>.

*Producers must complete the following items: items 5 through 8, items 12A through 12C, if applicable.*

*FSA will complete fields noted as “Agency Use Only.”*

Item No. / Field Name	Instruction
1 Recording State	Enter the producer’s recording state.
2 Program Year	The program year will be <b>2020</b> .
3 Recording County	Enter the producer’s recording county.
4 Application Number	Application Number will be assigned by the automated system.

<b>Item No. / Field Name</b>	<b>Instruction</b>
Part A Producer Agreement	<p>For Informational Purposes:</p> <p>Applicants who are an individual person must complete automated CCC-902 or manual CCC-902, Parts A and B, and provide name, address, taxpayer identification number, and citizenship status. An individual who is not a U.S. resident or lawful alien must also report contributions of labor, capital, and land contributions to the farming operation.</p> <p>Applicants who are a legal entity, including General Partnership or Joint Venture, must complete automated CCC-902 or manual CCC-901 and provide the name, address and taxpayer identification number for the legal entity and all members, partners or stockholders with an ownership interest. If any member, partner or stockholder is not a U.S. resident or lawful alien, CCC-902 must be completed to report contributions of labor to the legal entity.</p>

***Part B – Producer Information***

5 Producer's Name, Address (City, State, and Zip Code), and Phone Number (Including Area Code)	Enter the producer's name, address, including ZIP code, and phone number, including area code.
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***Part C – Gross Revenue***

6 2018 Gross Revenue	Enter the total Gross Revenue for 2018
7 2019 Gross Revenue	Enter the total Gross Revenue for 2019
8 2020 Gross Revenue	Enter the total Gross Revenue for 2020
9 COC Adjusted 2018 Gross Revenue (COC USE ONLY)	<p>COC may enter the adjusted total Gross Revenue for 2018, if applicable.</p> <p><b>Note:</b> An entry is only required when COC determines the total 2018 Gross Revenue is different than what is certified to by the producer in Item 6.</p>
10 COC Adjusted 2019 Gross Revenue (COC USE ONLY)	<p>COC may enter the adjusted total Gross Revenue for 2019, if applicable.</p> <p><b>Note:</b> An entry is only required when COC determines the total 2019 Gross Revenue is different than what is certified to by the producer in Item 7.</p>

<b>Item No. / Field Name</b>	<b>Instruction</b>
11 COC Adjusted 2020 Gross Revenue (COC USE ONLY)	COC may enter the adjusted total Gross Revenue for 2020, if applicable.  <b>Note:</b> An entry is only required when COC determines the total 2020 Gross Revenue is different than what is certified to by the producer in Item 8.

***Part D – Producer Certification***

12A Signature (By)	Producer applying for PARP benefits must sign.
12B Title/Relation- ship of the Individual Signing in the Representative Capacity	Enter title and/or relationship to the individual when signing in a representative capacity.  <b>Note:</b> If the producer signing is not signing in a representative capacity, this field should be left blank.
12C Date (MM/DD/YYYY)	Enter the date the FSA-1122 is signed in Item 12A.

***Part D – County Committee (COC) Determination – COC USE ONLY***

13 COC or Designee Signature (COC USE ONLY)	COC or their representative will sign.
14 Date (MM/DD/YYYY) (COC USE ONLY)	Enter the date COC or their representative signs the FSA-1122.
15 Determination (COC USE ONLY)	COC or their representative will check (✓) either “Approved” or “Disapproved”  <b>Important:</b> FSA-1122 will be approved or disapproved as certified by the producer after applicable COC adjustment fields are completed.