

(See Page 2 for Privacy Act and Paperwork Reduction Act Statements)

FSA-174 (xx-xx-23) U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency RICE PRODUCTION PROGRAM (RPP) APPLICATION	1. Program Year	2. Application Number
	3. Recording State Name/Code	4. Recording County Name/Code
	5A. Name and Address of Recording County FSA Office (Include City, State and Zip Code)	5B. Recording County FSA Office Telephone No. (Include Area Code)

PART A – PRODUCER AGREEMENT

The Farm Service Agency (FSA) will make payments under RPP to eligible producers who meet the requirements of the program. The following information is needed for FSA to determine the applicant is eligible to receive RPP assistance. By submitting this application, and upon approval by FSA, the applicant agrees:

- To comply with RPP eligibility requirements, payment eligibility and limitation, including all terms and conditions associated with RPP as stated in the notice of funds availability issued for RPP.
- To provide FSA all information that is necessary to verify the 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 planted the crop, is subject to spot check.
- To comply with payment attribution and payment eligibility provisions by submitting the following forms within 60 days from the date the applicant signs this application, if not already on file with FSA for the applicable crop year:
 - CCC-902, Farm Operating Plan for Payment Eligibility
 - CCC-901, Member Information for Legal Entities, if applicable
 - FSA-510, Request for an Exception to the \$125,000 Payment Limitation for Certain Programs, optional
 - AD-1026, Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification
 - AD-2047, Customer Data Worksheet
- This application will be considered incomplete until the applicant has signed Item 11.
- The payment will be subject to a pro-rated adjustment if total claims for RPP payments exceed the funds available for RPP, and the payment data reflected on this form is the result of the RPP payment calculation process which is subject to payment eligibility and payment limitation requirements and may be reduced.
- This application form must be submitted to FSA by **[INSERT SIGNUP DEADLINE DATE]** to be considered for a RPP payment, and if the form is submitted after **[INSERT SIGNUP DEADLINE DATE]** this application for payment will be disapproved. Failure of an individual, entity, or member of an entity to timely submit all eligibility documents required may result in no payment or a reduced payment.

PART B - PRODUCER INFORMATION

6A. Producer/Entity Name	6B. Producer/Entity Address (City, State, and Zip Code)	6C. Contact Producer's Name
		6D. Contact Producer's Telephone Number (include Area Code)

DATE STAMPED

PART C - CROP INFORMATION

7. Physical Location State Code	8. Physical Location County Code	9. Crop Type	10. Intended Use	11. Crop Status	12. Eligible Acres (Reported acres x producer share)	13. Actual Production History or DAFP Established Yield (Based on Items 7, 8, 9, and 10)	14. Estimated RPP Payment (Item 12 x Item 13 x payment rate; Prevented Planted Acres will be paid at 60% of the payment rate)

15. TOTAL ESTIMATED RPP PAYMENT BY CROP TYPE (Payment amounts are subject to payment eligibility and payment limitation requirements and may be reduced.) <i>Note:</i> Temperate Japonica is included with Medium Grain and Sweet rice is included with Short Grain.	Short Grain	\$
	Medium Grain	\$
	Long Grain	\$

PART D – PRODUCER CERTIFICATION

I hereby sign and acknowledge under penalty of perjury in accordance with 28 U.S.C. § 1746 and 18 U.S.C. § 1621 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.

16A. Producer Signature (By)	16B. Title/Relationship of the Individual Signing in the Representative Capacity	16C. Date (MM/DD/YYYY)

PART E – COUNTY COMMITTEE (COC) DETERMINATION

17A. COC or Designee Signature	17B. Date (MM/DD/YYYY)	17C. Determination <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

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 60 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.**

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 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. USDA is an equal opportunity provider, employer, and lender.