

PART B – PRODUCER INFORMATION

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|---------------------------------------------|-----------|---------|----------------------------------------------------------------------------------------|--|--|
| 5. Producer's Name (Person or Legal Entity) | | | 7. Information Line | | |
| 6A. Address Line 1 | | | 8A. Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell | | |
| 6B. Address Line 2 | | | 8B. Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell | | |
| 6C. City | 6D. State | 6E. Zip | 9. Email Address | | |

PART C – 2022 DISASTER YEAR REVENUE CERTIFICATION

FOR COUNTY OFFICE USE ONLY

| 10. Benchmark Year | 11. Benchmark Year Revenue | 12. Representative Revenue Year | 13. Disaster Year Revenue | 14. % of Expected Revenue from Specialty & High Value Crops | 15. % of Expected Revenue from Other Crops | 16. Were All Eligible Crops Insured or Covered by NAP? | 17. COC Adjusted Benchmark Year Revenue | 18. COC Adjusted Disaster Year Revenue | 19. COC Adjusted % of Expected Revenue from Specialty & High Value Crops | 20. COC Adjusted % of Expected Revenue from Other Crops | 21. COC Adjusted Were All Eligible Crops Insured or Covered by NAP? |
|----------------------------------------|----------------------------|----------------------------------------|---------------------------|-------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|-----------------------------------------|----------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> 2018 Tax Year | | <input type="checkbox"/> 2022 Tax Year | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> 2019 Tax Year | | <input type="checkbox"/> 2023 Tax Year | | | | | | | | | |
| <input type="checkbox"/> Expected | | <input type="checkbox"/> Actual | | | | | | | | | |

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.

| | | |
|--------------------------------|----------------------------------------------------------------------------|------------------------|
| 22A. Producer's Signature (By) | 22B. Title/Relationship of Individual Signing in a Representative Capacity | 22C. Date (MM-DD-YYYY) |
|--------------------------------|----------------------------------------------------------------------------|------------------------|

PART E –COC DETERMINATION

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|-------------------------------------------------------------------------------------------------------|--------------------------------|------------------------|
| 23A. COC Determination: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | 23B. COC or Designee Signature | 23C. Date (MM-DD-YYYY) |
|-------------------------------------------------------------------------------------------------------|--------------------------------|------------------------|

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 Disaster Relief Supplemental Appropriations Act, 2023 (P.L. 117-328). 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.*

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.*

Non-Discrimination Statement: *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 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.