Form Approved - OMB No.: 0560-0297 OMB Expiration Date: 09/30/2024

AD-3117 U.S. DEPARTMENT OF AGRICULTURE

CORONAVIRUS FOOD ASSISTANCE
PROGRAM 2 (CFAP 2)
APPLICATION

1. Recording State
2. Program Year

2020
4. Application Number

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 CARES Act (Pub. L. 116-136), 7 CFR Part 9, 15 U.S.C. 714b and 714c. 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, or USDA may not conduct or sponsor a collection of information unless it displays a valid OMB control number. This collection is voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden by emailing to: askUSDA@usda.gov (OMB NO. 0560-0297).

RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

## PART A - PRODUCER AGREEMENT

The Department of Agriculture (USDA) will make payments under the CFAP 2 to producers who meet the requirements of the program. The following information is needed in order for USDA to make a determination that the applicant is eligible to receive a CFAP 2 payment. By submitting this application, and upon its approval by USDA, the applicant agrees:

- 1. To comply with regulations set forth in 7 CFR Part 9 and any applicable Notice of Funds Availability published by USDA. Copies of these documents may be found at www.regulations.gov/docket?D=FSA-2020-0004.
- 2. That the applicant is in the business of farming at the time of application.
- 3. That payments for producers who began farming in 2020, for which 2019 production or sales is required, must provide actual 2020 production or sales information, as applicable.
- 4. That a CFAP 2 payment will only be made with respect to a commodity produced in the United States and intended to be marketed for commercial production.
- 5. To provide to USDA all information that is necessary to verify that the information provided on this form is accurate, and to allow USDA representatives access to all documents and records of the producer, including those in the possession of a third-party such as a warehouse operator, processor or packer.
- 6. To comply with maximum payment limitation and adjusted gross income provisions applicable to the CFAP 2 by completing forms:
  - CCC-902, Farm Operating Plan for Payment Eligibility (NOTE: Only Parts A and B of the form are required).
  - CCC-901, Member Information for Legal Entities, if applicable
  - CCC-941, Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information
  - CCC-942, Certification of Income from Farming, Ranching and Forestry Operations (optional)
- 7. To provide to USDA all information required for program participation within 60 days from the date the applicant signs this application. 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.
- 8. To comply with the provisions of the Food Security Act of 1985 that protect highly erodible land and wetlands. All applicants must complete and submit all portions of form AD-1026, Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification unless:
- 8A. i. The applicant does not participate in USDA benefits subject to HELC and WC compliance except Federal Crop Insurance or CFAP, and
  - ii. The applicant only has an interest in land devoted to the production of agricultural commodities that are perennial crops, excluding sugarcane, such as tree fruits, tree nuts, grapes, olives, native pasture and perennial forage. If the applicant produces alfalfa, the applicant must contact the Natural Resources Conservation Service to determine if such production qualifies as the production of a perennial crop; and
  - iii. The applicant has not converted a wetland after December 23, 1985; or
- 8B. i. The applicant does not own or rent land devoted to an agricultural activity including cropland, rangeland, pastureland or forestland;
  - ii. The applicant is a producer of livestock, nursery crops, honey or similar commodity that is not produced from tillage of land
- 9. If the applicant meets either the conditions in section 8A (certification with box 5 B on AD-1026) or 8B (certification with box 5 A on AD-1026), the applicant is only required to complete Parts A and D of form AD-1026.

## **PART B - PRODUCER INFORMATION**

**FROZEN EGGS** 

**LIQUID EGGS** 

5. Producer's Name, Address (City, State and Zip Code) and Phone Number (Include Area Code)

**LBS** 

**LBS** 

PART C – DAIRY PRODUCTIO	N		COC US	SE ONLY	
6. Unit of Measure	Tota	7. Il Production 10 – August 31, 2020)	8. COC Adjusted Total Production (April 1, 2020 – August 31, 2020)	9. Estimated Total Production (Sept. 1, 2020 – Dec. 31, 2020)	
LBS				,	
, , ,	u are no longer producing milk, what is the last date milk was produced?		COC USE ONLY		
(MM/DD/YYYY):  NOTE: If you cease producing milk before Dec.31, 2020, or if you are a seasonal dairy, you are required to notify the FSA County office of the date you stopped producing milk.			10B. COC Adjusted Last Date Milk was Produced		
PART D - EGGS/BROILERS P	PRODUCTION		COC US	SE ONLY	
11. Commodity	12. Unit of Measure	13. 2019 Total Production	14. COC Adjusted 2019 Total Production		
BROILERS	HEAD				
DRIED EGGS	LBS				

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PART E – LIVESTOCK INV	ENTOR	Y (Excluding Bre	eding					COC	JSE ON	LY
15. Livestock		16. Inventory (Excluding Breeding Stock) (Highest on a Date Between April 16, 2020 – August 31, 2020)		17. COC Adjusted Inventory (Excluding Breeding Stock) (Highest on a Date Between April 16, 2020 – August 31, 2020)						
CATTL	E									
HOGS/PI	GS									
SHEEF	•									
PART F - SALES COMMOD	DITIES							COC	JSE ON	LY
18. Commod			20	19. 2018 or 2019 Total Commodity Sales		ales	20. COC Adjusted 2018 or 2019 Total Commodity Sales			
AQUACULT	TURE									
CROPS (Excluding		. ,								
NURSERY/FLORICUI		CROPS								
MISCELLAN										
OTHER LIVES (Excluding Breed		ck)								
TOBACO	co	-								
PART G - ACREAGE-BASE	ED CRO						COC USE			
21. Crop	<del></del> -		rted	23. COC Adjusted Total 2020 Reported Acres		24. ighted Ins Approved		25. COC Adju Weighted Ins Approved	surance	26. 85% of Weighted County Yield
PART H - CONTRACT PRO	DUCE							COC USE	ONLY	
Commodity	27. 28. Commodity 2018 or 2019 Revenue						30. COC Adjusted 3 or 2019 Revenue		31. COC Adjusted 2020 Revenue	
			+		$\dashv$					
					+					
			+		$\dashv$					
PART I – INCREASED PAY	MENT	LIMITATION FOR	R COF	RPORATIONS. LIMI	TED	LIABILI	TY_COM	PANIES (LL	CS), LIN	MITED
PARTNERSHIPS	, TRUS	TS & ESTATES								
<ol> <li>Applicants who are corporations \$500,000, if such entity has two management, or combination the stockholders, beneficiaries or hoperation as defined in 7 CFR f</li> </ol>	member nereof, to eirs who e Part 1400	s, partners, stockholde the farming operation each provided at least . The applicant must ic	ers, ben as defir 400 ho dentify	neficiaries or heirs who eac ned in 7 CFR Part 1400, or urs or more of personal lal the names of members, pa	th provi a max oor or a artners,	ided at leakimum of \$ active pers , stockhold	ast 400 hou \$750,000 if sonal mana ders, benefi	rs or more of per such entity has t gement, or comb ciaries or heirs v	sonal labor nree memb ination the	or or active personal pers, partners, ereof, to the farming
of active personal labor or activ	e persona	a management, or con	nbinatio B	on thereor, to the farming c	peratio	identifie ווכ	C.	nem 5:		
PART J - PRODUCER CER	RTIFICA	TION								
I hereby sign and acknowledge under penalty of perjury in accordance with 28 U.S.C. § 1746 and 18 U.S.C. § 1621 that the foregoing is true and										
correct. 33A. Signature (By)		33B. Title/Relationship of the Individual Signing in the Representative Capacity  33C. Date (MM/DD/Y)			Date (MM/DD/YYYY)					

**DOZEN** 

SHELL EGGS

PART K – COC DETERMINA	TION		
34. Payment Part	35. COC or Designee Signature	36. Date (MM/DD/YYYY)	37. Determination
CARES			APPROVED DISAPPROVED
ccc			APPROVED DISAPPROVED

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.