

<b>FSA-1140</b> (Proposal)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency	<b>FOR COUNTY OFFICE USE ONLY</b>	
<b>MARKETING ASSISTANCE FOR SPECIALTY CROPS (MASC) APPLICATION</b>		1. Recording State <i>Name Code</i>	2. Recording County <i>Name Code</i>
		3. Program Year	4. Application Number

**INSTRUCTIONS:** Return this completed form to your County FSA Office

**PART A – PRODUCER AGREEMENT**

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

1. To comply with the Notice of Funds Availability (NOFA) published by FSA. A copy of this document may be found at:[insert program website].
2. That they are in the business of producing a specialty crop at the time of application and are entitled to an ownership share and share in the risk of producing a specialty crop that will be sold in calendar year 2025;
3. That a MASC payment will only be made with respect to sales for specialty crops grown by the producer in the United States;
4. To comply with payment limitation, adjusted gross income, and other applicable rules by submitting the following as required by the NOFA:
  - FSA-1141, Marketing Assistance for Specialty Crops (MASC) New Producer Expected Sales Worksheet, and supporting documentation, if applicable
  - CCC-902, Farm Operating Plan for Payment Eligibility
  - 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
  - AD-1026, Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification
  - AD-2047, Customer Data Worksheet.

**PART B – PRODUCER INFORMATION**

1. Producer's Name <i>(Person or Legal Entity)</i>			2. Information Line	
3A. Address Line 1			4A. Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
3B. Address Line 2			4B. Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
3C. City	3D. State	3E. Zip	5. Email Address	

DATE STAMP

<b>PART C – SALES</b>		
6. Year  <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025 ( <i>new producer only</i> )	7. Total Specialty Crop Sales  \$	<b>FOR COUNTY OFFICE USE ONLY</b>  8. COC Adjusted Sales  \$
<b>PART D – PRODUCER CERTIFICATION</b>		
<i>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.</i>		
9A. Producer's Signature	9B. Title/Relationship of Representative	9C. Date (MM/DD/YYYY)
<b>PART E – COUNTY COMMITTEE (COC) DETERMINATION</b>		
10. COC or Designee Signature	11. Date (MM/DD/YYYY)	12. Determination  <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

**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 Commodity Credit Corporation (CCC) Charter Act (15 U.S.C. 714c(e)). 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. 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](mailto:askusda@usda.gov) (OMB NO. 0503-0028).*

**Non-Discrimination Statement:** *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, audiotope, 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 [How to File a Program Discrimination Complaint](#) 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: [mailto:program.intake@usda.gov](mailto:mailto:program.intake@usda.gov).*

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