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Statements.

FSA-894 (XX-XX-25)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency		1. Crop Year
WILDFIRES AND HURRICANES INDEMNITY PROGRAM+ APPLICATION				
2. Producer's Name	3. Producer's Address (City, State and Zip Code)	4A. Administrative State Name/Code	4B. Administrative County Name/Code	

Each producer must apply by administrative county.

PART A – NOTICE OF LOSS

The following crop(s), crop type(s), and intended use(s) suffered a loss due to the disaster event cause of loss that occurred January 1, 2018 – December 31, 2019.

5. What disaster event caused the loss?					6. Disaster Event Dates (Beginning and Ending)		
7A. Crop	7B. Crop Type	7C. Intended Use	7D. Practice	7E. Planting Period	8. Insured/NAP Coverage/Uninsured	9. Crop Loss, Prevented Planted, or Trees, Bushes, and Vines Loss (If prevented planted Part B must be completed)	10. COC Approved or Disapproved
					<input type="checkbox"/> Insured <input type="checkbox"/> NAP Coverage <input type="checkbox"/> Uninsured	<input type="checkbox"/> Crop Loss <input type="checkbox"/> Prevented Planting <input type="checkbox"/> Trees, Bushes and Vines Loss	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
					<input type="checkbox"/> Insured <input type="checkbox"/> NAP Coverage <input type="checkbox"/> Uninsured	<input type="checkbox"/> Crop Loss <input type="checkbox"/> Prevented Planting <input type="checkbox"/> Trees, Bushes and Vines Loss	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
					<input type="checkbox"/> Insured <input type="checkbox"/> NAP Coverage <input type="checkbox"/> Uninsured	<input type="checkbox"/> Crop Loss <input type="checkbox"/> Prevented Planting <input type="checkbox"/> Trees, Bushes and Vines Loss	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

PART B – RECORD OF MANAGEMENT FOR PREVENTED PLANTING CROPS

11A. Crop	11B. Crop Type	11C. Intended Use	11D. Practice	11E. Planting Period
12. Purchased/delivered/arranged for. If "YES", explain (Attach copies of receipts).				
<input type="checkbox"/> YES <input type="checkbox"/> NO. A. Seed, Chemical, and Fertilizer				
<input type="checkbox"/> YES <input type="checkbox"/> NO. B. Land Preparation Measures				
13. What cultivation practices were performed on prevented planted acreage?				
14A. What did you do with the acreage you claim was prevented planted?				14B. Final Planting Date

PART C – PAY GROUPING INFORMATION

15. Producer Name				16. Insured/NAP Coverage/Uninsured <input type="checkbox"/> Insured <input type="checkbox"/> NAP Coverage <input type="checkbox"/> Uninsured			
17. Administrative State Name/Code		18. Administrative County Name/Code		19. Physical State Name/Code <div style="border: 1px solid black; height: 40px; position: relative;"> <div style="position: absolute; right: 10px; top: 10px;"> <input type="checkbox"/> Same as Administrative </div> </div>		20. Physical County Name/Code <div style="border: 1px solid black; height: 40px; position: relative;"> <div style="position: absolute; right: 10px; top: 10px;"> <input type="checkbox"/> Same as Administrative </div> </div>	
21. Crop Year		22. Unit	23. Pay Crop Code	24. Pay Type Code		25. Planting Period	

PART D – PRODUCTION INFORMATION**COC USE ONLY**

26. Crop	27. Crop Type	28. Crushing District	29. Int. Use	30. Practice	31. Organic Status	32. Native Sod	33. Acres	34. Share	35. Stage	36. Unit of Measure	37. Production To Count	38. Yield (Select Crops Only)	39. Assigned or Adjusted Production	40. Secondary Use or Salvage Value

PART E – VALUE LOSS CROPS**COC USE ONLY**

41. Crop	42. Crop Type	43. Share	44. Dollar Value Before Disaster	45. Dollar Value After Disaster	46. Ineligible Dollar Value	47. Salvage Value

PART F – TREES, BUSHES, & VINES**COC USE ONLY**

48. Crop	49. Crop Type	50. Acres	51. Share	52. Tree Stage	53. Number in Tree Stage	54. Number Destroyed	55. Number Damaged	56. Adjusted Number in Tree Stage	57. Adjusted Number Destroyed	58. Adjusted Number Damaged	59. Salvage Value
				I							
				II							
				III							
				I							
				II							
				III							
				I							
				II							
				III							

PART G – COC DETERMINATION OF PAY GROUPING

60. COC Action: ☐ Approved ☐ Disapproved

FSA-894 (XX-XX-25)

Page 3 of 3

PART H – PRODUCER CERTIFICATIONS

I understand that USDA will conduct spot-checks for this program and I authorize FSA access to any records held by elevators, processors, contractors, etc. or any other agency or organization maintaining records or other substantiating evidence on which I am basing this certification of production.

I certify that all information on this application, whether or not personally entered by me or entered by someone else on my behalf is true and correct and understand that if any information is determined to be in error that the application may be denied and may result in a determination of ineligibility in whole or in part.

Notice: Additional information may be requested. Further, this application will not be considered complete until the following forms are filed:

- FSA-895, Crop Insurance and/or NAP Coverage Agreement
- CCC-902 Automated, Farm Operating Plan for Payment Eligibility 2009 and Subsequent Program Years
- FSA-896, REQUEST FOR AN EXCEPTION TO THE WHIP+ PAYMENT LIMITATION OF \$125,000
- AD-1026, Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification
- FSA-578, Report of Acreage
- FSA-897, Actual Production History and Approved Yield Record (WHIP+ Select Crops Only), *if applicable*

61. Remarks

62A. Producer's Signature (By)

62B. Title/Relationship of the Individual Signing in a Representative Capacity

62C. Date Signed (MM-DD-YYYY)

PART I – COC SIGNATURE

63A. COC Signature

63B. 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 7 CFR Part 760, Subpart O and the Additional Supplemental Appropriations for Disaster Relief Act, 2019 (Disaster Relief Act) (Pub. L. 116-20). The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, 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 5 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 FSA may not conduct or sponsor a collection of information or a person is not required to respond to a collection of information unless it displays a valid OMB control number. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.** The valid OMB control number for this information collection is 0560-0291, and the 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.gov (OMB No. 0560-0291). 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. 0560-0291).

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, 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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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 <https://www.usda.gov/oascr/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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

