OMB Approved No: XXXX-XXXX

OMB Expiration Date: XX/XX/XXXX

*Example of Date Stamp box that is surrounded by text, positioned in lower right corner of form. Blank area for stamp must be at least 1.2” H x 2.25” W*

DATE STAMP

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| **FSA-63 ECAP U.S. DEPARTMENT OF AGRICULTURE**  (XX-XX-XX) Farm Service Agency | | | | | | | | | | **FOR COUNTY OFFICE USE ONLY** | | | | | |
| 1. Recording State | | | 2. Recording County | | |
| **EMERGENCY COMMODITY ASSISTANCE PROGRAM (ECAP)** | | | | | | | | | | *Name* | | *Code* | *Name* | | *Code* |
|  | |  |  | |  |
| 3. Program Year | | | 4. Application Number | | |
| **2024** | | |  | | |
| 5A. Recording County FSA Office Name and Address | | | | | |
|  | | | | | |
| 5B. Recording County  Phone Number | | | 5C. Recording County Fax Number | | |
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| **PART A – APPLICANT INFORMATION** | | | | | | | | | | | | | | | |
| 6. Applicant’s Name *(Person or Legal Entity)* | | | | | | | | | | | | | | | |
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| 7A. Address Line 1 | | | | | | 8A. Primary Phone Number  Home  Cell | | | | | | | | | |
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| 7B. Address Line 2 | | | | | | 8B. Alternate Phone Number  Home  Cell | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |
| 7C. City | | 7D. State | 7E. Zip | | | 9. Email Address | | | | | | | | | |
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| **PART B –** **APPLICANT ELIGIBLE REPORTED COMMODITIES AND ACRES** | | | | | | | | | | | | | | | |
| 10.  COMMODITY | 11.  2024 ELIGIBLE PLANTED ACRES | | | 12.  COC ADJUSTMENT | 13.  OTHER ADJUSTMENT | | | | 14.  2024 ELIGIBLE PREVENT PLANT ACRES  *(50% of Reported)* | | 15.  COC ADJUSTMENT | | | 16.  OTHER ADJUSTMENT | |
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| **PART C – APPLICANT CERTIFICATION** | | | | | | | | | | |
| *The undersigned certifies and acknowledges that the applicable acreage on this form is accurate and represents only the applicant’s crop acreage share interest of the applicable commodity. 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.* | | | | | | | | | | |
| 17. Applicant’s Signature | 18. Title/Relationship of Representative | | | | | | | 19. Date *(MM/DD/YYYY)* | | |
| Minimum 0.5” H x 2.25” W |  | | | | | | |  | | |
| Applicant’s Name *(Person or Legal Entity)* | | | | | | | | | | | | | | | |
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| **PART D – COUNTY COMMITTEE (COC) DETERMINATION** | | | | | | | | | | | | | | | |
| 20. COC or Designee Signature | 21. Title/Relationship of Representative | | | | | | 22. Date (MM/DD/YYYY) | | | | 23. Determination | | | | |
| Minimum 0.5” H x 2.25” W |  | | | | | |  | | | | APPROVED  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 American Relief Act, 2025 (Pub. L. 118-158). The information will be used to determine eligibility to participate in and receive benefits under the Emergency Commodity Assistance Program. 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 to participate in and receive benefits under the Emergency Commodity Loss Program.*

***Public Burden Statement:*** *According to the Paperwork Reduction Act requirement, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560- . The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. 0560-*XXXX*).*

***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, 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* [*https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint*](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 Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email:* [*program.intake@usda.gov*](mailto:program.intake@usda.gov)*.*

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

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| Applicant’s Name *(Person or Legal Entity)* | | | | | | |
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| **PART B – APPLICANT ELIGIBLE REPORTED COMMODITIES AND ACRES (Continued)** | | | | | | |
| 10.  COMMODITY | 11.  2024 ELIGIBLE PLANTED ACRES | 12.  COC ADJUSTMENT | 13.  OTHER  ADJUSTMENT | 14.  2024 ELIGIBLE PREVENT PLANT ACRES  *(50% of Reported)* | 15.  COC ADJUSTMENT | 16.  OTHER ADJUSTMENT |
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