

<b>FSA-63 ECAP</b> (XX-XX-XX)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency	<b>FOR COUNTY OFFICE USE ONLY</b>	
<b>EMERGENCY COMMODITY ASSISTANCE PROGRAM (ECAP)</b>		1. Recording State <i>Name Code</i>	2. Recording County <i>Name Code</i>
		3. Program Year <b>2024</b>	4. Application Number
		5A. Recording County FSA Office Name and Address	
		5B. Recording County Phone Number	5C. Recording County Fax Number

**PART A – APPLICANT INFORMATION**

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

**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 <i>(50% of Reported)</i>	15. COC ADJUSTMENT	16. OTHER ADJUSTMENT

**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)
<b>Minimum 0.5" H x 2.25" W</b>		

Applicant's Name *(Person or Legal Entity)*

<b>DATE STAMP</b>
<i>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</i>

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			<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 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).

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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 <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).

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**Applicant's Name (Person or Legal Entity)**

[illegible]