

INSTRUCTIONS FOR FSA-526

SUPPLEMENTAL DISASTER RELIEF PROGRAM (SDRP) STAGE 1 APPLICATION

This form will be used for producers to apply for SDRP Stage 1 benefits.

This form is to be filed in the producer's recording County Office listed on the application in Item 5A.

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the only person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

Producers, which include primary policyholders and any producers with substantial beneficial interest, must complete Items 16 through 18, 22 (if applicable), 29 through 30, and 32.

Prepopulated entries may not be altered.

FSA will complete fields noted as "FSA Use Only".

Items 1- 15 are for FSA use only.

Item	Instruction
1 Recording State Name/ Code	Prepopulated with the producer/primary policyholder's recording State name and FSA code.
2 Recording County Name/ Code	Prepopulated with the producer/primary policyholder's recording county name and FSA code.
3 Crop Year	Prepopulated with the crop year associated with the crop insurance indemnity and/or NAP payment that was issued. Information obtained from Risk Management Agency (RMA) and FSA.
4 Application Number	Prepopulated with an application number assigned by the automated system.
5A Name and Address of Recording County FSA Office (Include City, State and Zip Code)	Prepopulated with the name and address of the producer/primary policyholder's recording county office. Note: Signed application must be returned to the recording county office listed. Information obtained from FSA records.
5B Recording County FSA Telephone No. (Include Area Code)	Prepopulated with the recording county office's telephone number. Information obtained from FSA records.
6 Producer's Name (Person or Legal Entity)	Prepopulated with the full name of the producer/primary policyholder who is applying for SDRP Stage 1 benefits. Information obtained from RMA and FSA records.

Item	Instruction
7 Information line	Prepopulated Information Line, reserved for future FSA use (optional entry).
8A-8E Address	<p>Item 8A Prepopulated with Address Line 1.</p> <p>Item 8B Prepopulated with Address Line 2, if applicable (optional entry).</p> <p>Item 8C Prepopulated with City.</p> <p>Item 8D Prepopulated with State.</p> <p>Item 8E Prepopulated with Zip Code.</p>
9 Primary Phone Number (Include Area Code)	<p>9A Prepopulated with Primary Phone Number, indicate Home or Cell.</p> <p>9B Prepopulated with Alternate Phone Number, indicate Home or Cell.</p>
10 Email Address	Prepopulated with Producer Email Address.
Producer Agreement	<p>FSA's generation of a pre-filled application form is not a confirmation that the producer, crop, or unit is eligible to receive an SDRP Stage 1 payment.</p> <p>To receive payment, producers, which include primary policyholders and any producers with substantial beneficial interest, agree to provide all information required or requested by FSA for program participation in SDRP Stage 1. Producers must also certify whether they have experienced an eligible loss and they understand that by receiving SDRP Stage 1 payments, they are required to purchase crop insurance or NAP coverage where crop insurance is not available, for the next two available crop years.</p> <p>Producers must obtain crop insurance or NAP coverage, as may be applicable, at a coverage level equal to or greater than 60 percent</p> <p>For insured crops, producers must obtain coverage in the physical location county of the crop, tree, or vine for which they received benefits. For NAP crops, producers must purchase coverage in the administrative county of the crop for which they received benefits.</p> <p>Example: A producer is issued an SDRP Stage 1 payment on July 15, 2025, for their 2023 corn and soybean loss. The producer must purchase crop insurance or NAP coverage, as applicable for the crops, for both the 2026 and 2027 crop years.</p>
11 Physical State/County Code	<p>Prepopulated with the physical State and county code where the insured crop is located.</p> <p>Information obtained from RMA records.</p>
12 Crop	<p>Prepopulated with the crop that received a crop insurance indemnity.</p> <p>Information obtained from RMA records.</p>
13 Unit	<p>Prepopulated with the unit for the crop that received a crop insurance indemnity.</p> <p>Information obtained from RMA records.</p>
14 Estimated SDRP Payment	<p>Prepopulated with the estimated SDRP payment. This amount is an estimate and subject to a determination of eligibility.</p> <p>Information obtained from RMA records prior to adjustments for the crop and unit listed in items 12 and 13. Adjustments include, but are not limited to, the following:</p> <ul style="list-style-type: none"> ●—Reductions due to payment limitation ●—Program payment factors <p>Note: Questions regarding prepopulated information from RMA should be directed to the primary policyholder's crop insurance agent.</p>

Item	Instruction
15 Primary Policyholder and SBI's	<p>Prepopulated with the name of the producer/primary policyholder who received a crop insurance indemnity on the crop and unit identified in Items 12 and 13, and any producers having a substantial beneficial interest (SBI) as identified on the crop insurance policy.</p> <p>Information obtained from RMA records.</p> <p>Note: If the SBI does not have a CCID on file with FSA, they will not be listed on the application.</p>

Item 16-18 are completed by the producer:

Item	Instruction
16 Share %	<p>Manual entry, completed by the primary policyholder to designate whether they have 100 percent interest in the crop and unit identified in items 12 and 13, or designate the appropriate share for themselves and each SBI (if applicable).</p> <p>Note: Share is assumed to be 100 percent to the producer/primary policyholder unless otherwise designated. If the SDRP payment is divided for the crop and unit listed in Items 12 and 13, shares must total 100 percent.</p>
17 Agree to Purchase Crop Insurance or NAP	<p>Manual entry, each producer/primary policyholder and SBI (if applicable) listed in Item 15 with a share interest in the crop and unit identified in Items 12 and 13 must answer "Yes" or "No" to indicate whether they agree to purchase crop insurance or NAP coverage for the crop listed in Item 12.</p>
18 Disaster Event	<p>Manual entry, the producer/primary policyholder listed in Items 6 and 15 must list the disaster event that caused the loss of the crop and unit listed in Items 12 and 13. This loss event must be a qualifying disaster event.</p> <p>If requested, the producer/primary policyholder must submit supporting documentation to substantiate the certification of an eligible loss due to a qualifying disaster event within 30 calendar days of the request.</p>

Item 19-21 are for FSA use only:

Item	Instruction
19 COC Determination	<p>COC member or designee will check "Approved" for approval or "Disapproved" for disapproval.</p>
20 Physical State/County Code	<p>Prepopulated with the physical State and county code where the insured crop is located.</p> <p>Information obtained from RMA records.</p>
21 Crop (WFRP or Micro Farm)	<p>Prepopulated with the type of crop insurance policy.</p> <p>Information obtained from RMA records.</p>

Item 22 is completed by the producer:

Item	Instruction
22 % of Expected Revenue from Specialty and High Value Crops.	<p>Manual entry, applicant will certify to the percentage of the expected revenue under the Whole-Farm Revenue Protection or Micro Farm Policy that is derived from specialty and high value crops.</p> <p>Producer will be required to submit supporting documentation substantiating the reported percentage.</p>

Item 23-28 are for FSA use only:

Item	Instruction
23 COC Adjustment of % of Expected Revenue from Specialty and High Value Crops	COC Adjustment that will override the manual entry in item 22.
24 Administrative State/County Code	Prepopulated with the administrative State and county code. Information obtained from FSA records.
25 Pay Group	Prepopulated with the pay group which received a NAP payment for the crop year identified in Item 3. Information obtained from FSA records.
26 Pay Crop	Prepopulated with the pay crop name and the associated indicator, (SHV) indicating specialty or high value crop or (NS) for other crop, which received a NAP payment for the crop year identified in Item 3. Information obtained from FSA records.
27 Unit	Prepopulated with the NAP unit number associated to the crop which received a NAP payment. Information obtained from FSA records.
28 Estimated SDRP Payment (Prior to adjustments)	Prepopulated with the estimated SDRP payment prior to adjustments. This amount is an estimate and subject to a determination of eligibility. Adjustments include, but are not limited to, the following: <ul style="list-style-type: none"> • NAP payment • NAP service fees and premiums • Reductions due to payment limitations • Program payment factors.

Items 29-30 are completed by the producer:

Item	Instruction
29 Agree to Purchase Crop Insurance or NAP	Manual entry, the producer must answer “Yes” or “No” to indicate whether they agree to purchase crop insurance or NAP coverage for the pay crop listed in Item 26.
30 Disaster Event	Manual entry, the producer listed in Items 6 must list the disaster event that caused the loss of the pay crop and unit listed in Items 26 and 27. This loss event must be a qualifying disaster event. If requested, the producer must submit supporting documentation to substantiate the certification of an eligible loss due to a qualifying disaster event within 30 calendar days of the request.

Item 31 is for FSA use only:

Item	Instruction
31 COC Determination	COC member or designee will check “Approved” for approval or “Disapproved” for disapproval.

Items 32A through 32F are completed by the producer:

Item	Instruction
32A	Producer/Primary policyholder requesting an SDRP Stage 1 payment must sign certifying to the

Item	Instruction
Producer Signature	information in Parts A through E, as applicable.
32B Title/Relationship of Representative	Enter title and/or relationship to the individual when signing in a representative capacity. Note: If the producer signing is not signing in a representative capacity, this field should be left blank.
32C Date (MM-DD-YYYY)	Enter the date the FSA-526 is signed in Item 32A.
32D SBI Signature	SBIs (if applicable) requesting an SDRP Stage 1 payment must sign certifying to the information in Part C through E.
32E Title/Relationship of Representative	Enter title and/or relationship to the individual when signing in a representative capacity. Note: If the producer signing is not signing in a representative capacity, this field should be left blank.
32F Date (MM-DD-YYYY)	Enter the date the FSA-526 is signed in Item 32D.

Items 33A and 33B are for FSA use only:

Item	Instruction
33A COC or Designee Signature	COC or designee will sign and date the final printed application after it has been reviewed and entered into the software.
33B Date (MM-DD-YYYY)	Enter the date the COC or designee signs the FSA-526 in Item 33A.