

FSA-376 (XX-XX-25)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	FOR COUNTY OFFICE USE ONLY	
MILK LOSS APPLICATION		1. Administrative State <i>Name</i>	2. Administrative County <i>Name</i>
		<i>Code</i>	<i>Code</i>
		3. Program Year	4. Application Number

PART A – APPLICANT INFORMATION

5. Producer or Dairy Operation Name <i>(Person or Legal Entity)</i>			6. Information Line		
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		

Additional Contact (Optional)

10. Contact Name			11. Information Line		
12A. Address Line 1			13A. Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell		
12B. Address Line 2			13B. Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell		
12C. City	12D. State	12E. Zip	14. Email Address		

PART B – DAIRY OPERATION INFORMATION

	15. Base Period	16. Claim Period	17. Normal Milking Practice			
A. Applicable Month			A. No. of Milkings Per Day	B. Time of Daily Milkings		C. Time of Day Milk is Picked Up
B. Number of Cows Milked						
C. Pounds Marketed			D. Frequency of Milk Pick-ups <input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day <input type="checkbox"/> Other			
D. Days Marketed in Month			E. If Other, indicate frequency			

DATE STAMP

PART C – MILK LOSS

18. How many days of milk loss are being claimed? <i>(Number of days milk was removed or dumped including concurrent days milk was removed or dumped.)</i>		
19. Was there a prior month Milk Loss claim? If "YES", how many days were claimed?		<input type="checkbox"/> YES <input type="checkbox"/> NO.
20. What type of weather event occurred that caused the milk loss?		
21. How large of an area was affected by the weather event? Example: county, state, multi-state		
22. Was the milk measured before it was dumped? If "YES", how many pounds of milk were dumped?		<input type="checkbox"/> YES <input type="checkbox"/> NO. lbs.
23. Describe any other important detail of the milk loss event.		
24A. Have you received (and not refunded) compensation for this milk loss from any source? Sources include but are not limited to: A loan or payment from your Co-op or milk handler; insurance indemnity; milk sales to another market. <input type="checkbox"/> YES <input type="checkbox"/> NO		
24B. If "YES", name the source.	24C. If "YES", payment amount received. \$	

PART D – MILK PRICE INFORMATION

25. Gross Payment Price <i>(Actual price producer received per cwt.)</i>	\$
26. Hauling Fees <i>(Hauling fees paid during claim period per cwt.)</i>	\$

PART E – PARTICIPANT CERTIFICATION AND SIGNATURE(S)

This application is to participate in the Milk Loss Program and is entered into between the Farm Service Agency (FSA) and the undersigned producers identified in the dairy operation identified above. The undersigned producer or producers may hereafter collectively be referred to as “the Participant”. The participant certifies that all the information entered on this application is true and correct and that the participant was a producer of milk that was removed from the commercial market due to weather-related event preventing transportation of the milk or weather-related event causing a power outage or structural damage causing milk to be unmerchantable due to drought, wildfire, hurricanes, floods, smoke exposure, derecho, excessive heat, tornadoes, winter storm, excessive moisture and freeze including polar vortex, occurring in calendar years 2023 and 2024. The participant further certifies to the accuracy of the removal and reinstatement dates identified above and agrees that such information will be used by FSA to calculate the payment amount. The participant hereby applies for payment to the extent that the County FSA Committee determines the participant is eligible to receive payment and understands that payment of indemnity claims will be contingent upon the availability of funds to the U.S. Department of Agriculture to pay such claims. In addition, the participant understands that, if necessary, their dairy operation is required to provide any information that is requested by FSA or required by regulation to determine program eligibility and milk losses, to the satisfaction of the County FSA Committee. The participant further understands that this program is subject to the rules found in 7 CFR Part 760, Subpart A, and understands that this application must be received no later than the deadline date established by FSA. The participant understands that they can be denied payments based on any inaccuracy in this certification and application and that the payment issued to the dairy operation may be reduced by the percentage of interest of an ineligible member’s actual share of the entity. The participant understands that payments are subject to conditions imposed by regulation and FSA and that this is an application only. Providing a false certification to the Government is punishable by imprisonment, fines, or other penalties. All information provided herein is subject to verification by FSA. The criminal and civil fraud statutes that apply to this certification, may include 15 USC 286, 714m, 18 USC 286, 297, 371, 641, 651, and 1001

27. I certify the applicant identified in Part A, Item 5 is an individual person that is a U.S. Citizen or Resident Alien; or a legal entity, including corporation, LLC, LP, trust, estate, general partnership or joint venture, or similar type entity comprised solely of persons who are U.S. Citizens or Resident Aliens; or is an Indian Tribe or Tribal organization, as defined in Section 4(b) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304): YES NO

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.

28A. Producer’s Signature (By)	28B. Title/Relationship of Individual Signing in the Representative Capacity	28C. Date Signed (MM-DD-YYYY)	28D. Shares	28E. Refuse Payment?	
				Yes	No
			%	<input type="checkbox"/>	<input type="checkbox"/>
			%	<input type="checkbox"/>	<input type="checkbox"/>
			%	<input type="checkbox"/>	<input type="checkbox"/>
			%	<input type="checkbox"/>	<input type="checkbox"/>

PART F – COUNTY COMMITTEE DETERMINATION29. Application Status Approved Disapproved (if disapproved, complete Item 30)

30. Justification for Disapproval

31A. COC or Designee Signature

31B. Title of COC or Designee

31C. Date (MM-DD-YYYY)

32A. Signature of Second-Party Reviewer

32B. Title

32C. Date (MM-DD-YYYY)

33. Additional Remarks

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 Pub. L. 117 - 43, the Extending Government Funding and Delivering Emergency Assistance Act and the Pub. L. 117-328, Disaster Relief Supplemental Appropriations Act, 2023. The information will be used to provide payments to eligible producers that apply for the Milk Loss 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits and other financial assistance administered by USDA.

Public Burden Statement (Paperwork Reduction Act): 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 0503-0028, and the collection is voluntary. The time required to complete this information collection is estimated to average 30 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 (Subject: OMB NO. 0503-0028).

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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 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.

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