**Note: All letters will be mailed on official FSA County Office letterhead.**

**Second notification:**

OMB Number: 0560-0316
Expiration Date: ##/##/####

[Date]

Dear [ERP 2022 participant]

As a condition of receiving an Emergency Relief Program (ERP) 2022 payment, producers were required to purchase one of the following for the next two available crop years:

- Crop insurance at a coverage level equal to or greater than 60 percent for insurable crops, or
- Noninsured Crop Disaster Assistance Program (NAP) coverage at the catastrophic coverage level or higher for NAP-eligible crops.

On [*date*], we notified you that based on data on file with USDA, in [*insert county name*] County, there is no record indicating you purchased the required level of crop insurance or NAP coverage on the following crops for the required years: [*insert crops*].

[*Insert if compliant*: We received the information you submitted on [*date*], and we have determined that you are in compliance with this requirement. No further action is required.]

[*Insert if not compliant: [We did not receive a response from you regarding that notification/We received your response; however, it did not establish that you purchased crop insurance or NAP coverage as required for ERP 2022 eligibility*]. As a result of this noncompliance, you must repay the ERP 2022 payment for the crops above in the amount of [*insert overpayment amount*], plus interest.

You may appeal this determination to the County Committee by filing a written request no later than 30 calendar days after you receive this notice in accordance with the FSA appeal procedures found at 7 CFR Part 780. If you appeal to the County Committee, you have the right to an informal hearing which you or your representative may attend either personally or by telephone. If you appeal this determination to the FSA County Committee, you may later appeal any adverse determination of the County Committee to the FSA State Committee or the National Appeals Division. To appeal, write to the County Committee at the following address and explain why you believe this determination is erroneous.

Somewhere County FSA Committee
99 Some Street
Somewhereville, ST 99999

If you do not timely file an appeal of this determination, this will be the final administrative determination with respect to this matter in accordance with regulations at 7 CFR Part 780.]

Sincerely,

Farm Service Agency

***Public Burden Statement (Paperwork Reduction Act):*** *According to the Paperwork Reduction Act of 1995, 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 0560-0316. 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 (OMB No. 0560-0316).*