

<p>CCC-576 U.S. DEPARTMENT OF AGRICULTURE (05-05-15) Commodity Credit Corporation</p> <p align="center">NOTICE OF LOSS AND APPLICATION FOR PAYMENT NONINSURED CROP DISASTER ASSISTANCE PROGRAM FOR 2015 AND SUBSEQUENT YEARS</p> <p><i>(See Page 2 for Privacy Act and Paperwork Reduction Act Statements.)</i></p>	<p align="center">PART A – GENERAL INFORMATION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1. County FSA Office Name and Address <i>(Including Zip Code)</i></td> <td style="width:40%;">2. Crop Year</td> </tr> <tr> <td>3. Producer's Name and Address <i>(Including Zip Code)</i></td> <td>4. State and County Code</td> </tr> </table>	1. County FSA Office Name and Address <i>(Including Zip Code)</i>	2. Crop Year	3. Producer's Name and Address <i>(Including Zip Code)</i>	4. State and County Code
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PART B – NOTICE OF LOSS

5. Disaster Event		D. Date Stamp (If a 72 hour notification of loss was given attach the Receipt for Service or other documentation.)
A. What disaster event(s) caused loss?	B. Beginning date of disaster (MM-DD-YYYY)	
	C. Ending date of disaster (MM-DD-YYYY)	

6. Crop					
A. Crop Name	B. Crop Type	C. Intended Use	D. Practice	E. Planting Period	F. When was crop loss first apparent (MM-DD-YYYY)

7. Intended, but Prevented Planted Acres <i>(complete only for prevented planted acreage)</i>					COC Use Only	
A. Farm Number	B. NAP Unit Number	C. Total Intended Acres	D. Planted Acres	E. Prevented Planted Acres	F. Prevented Planted Acres	
					Approved	Disapproved

G. For prevented acreage in Item 7E, complete the following questions:

Questions	Yes	No	Describe details and list type of supporting documentation. Attach copies if requested by FSA.
(a) Did you purchase or arrange for seed, herbicide, pesticide, or fertilizer?	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Did you perform land preparation measures?	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Are the total acres you intended to plant (planted plus prevented) consistent with prior year's history for this farm?	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Did you have access to the claimed acres in item 7E during the planting period?	<input type="checkbox"/>	<input type="checkbox"/>	
(e) What do you intend to do with the acres in item 7E? (For example, do you intend to plant the crop acreage to another crop?)			

8. Disaster Affected Planted Acres <i>(complete only for disaster affected planted acreage)</i>				COC Use Only	
A. Farm Number	B. NAP Unit Number	C. Total Planted Acreage	D. Disaster Affected Planted Acreage	E. Disaster Affected Acres	
				Approved	Disapproved

F. What cultivation practices have been and will be employed on damaged crop acreage (e.g., fertilizer, seeding, irrigation, pesticide and herbicide applications; before and after date of damage)? *(attach additional sheets if necessary):*

G. Has any of the disaster affected planted crop acreage **been** destroyed, replanted, or put to another use? *(If "YES", provide details):* YES NO

H. Has, or will all of disaster affected crop acreage in Item 8D been harvested for the intended use in Item 6C? YES NO

NOTE: If "NO," you must request an appraisal of any planted acreage that will not be harvested for the intended use in Item 6C. You must not destroy or put acreage to another use before written consent is given by an authorized FSA loss adjuster for such destruction or other use. Failure to do so will result in loss of program assistance.

I. Will independent assessment be used on all grazed acreage for the crop in Item 6A? If "YES", then the undersigned acknowledges that they are subject to the provisions of 7 CFR Part 1437 and NAP Basic Provisions (form CCC-471 BP). YES NO

9. Producer certifies that all information in Part B is correct, whether personally entered by the producer or another party, and acknowledges receipt of copy of this form.

A. Producer's Signature (BY)	B. Title/Relationship (Individual Signing in the Representative Capacity)	C. Date (MM-DD-YYYY)
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PART C – COC APPROVAL OR DISAPPROVAL OF LOSS

10. COC approves or disapproves as applicable this notice of loss in Part B with each and all its entries as indicated.

A. COC Signature	B. Date (MM-DD-YYYY)
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11. Producer's Name				12. Crop Year	13. Unit No.	14. Pay Crop Code	15. Pay Type Code	16. Planting Period
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PART D – APPRAISAL OR REPORT OF PRODUCTION													COC Use Only	
17. Crop Type	18. Crushing District	19. Producer Share(s)	20. Acres/ Colonies/ Taps	21. Practice	22. Stage	23. Organic Status	24. Actual Production	25. Unit of Measure	26. Intended Use	27. Final Use	28. Secondary Use or Salvage Value	29. Production Not to Count	30. Assigned or Adjusted Production	31. Secondary Use or Salvage Value

PART E – VALUE LOSS CROPS						COC Use Only		
32. Crop Type		33. Producer Share(s)	34. Inventory or Dollar Value Before Disaster		35. Inventory or Dollar Value After Disaster (FMBV)	36. Ineligible Inventory or Dollar Value		37. Salvage Value

PART F – GRAZING AUD LOSS CALCULATIONS										COC Use Only		
38. Crop Type	39. Producer Share(s)	40. Acres	41. Practice	42. Unseeded Land		43. Stage	44. Carrying Capacity	45. Grazing Period Days	46. AUD Adjustment Factor	47. AUD Loss Factor	48. AUD Assigned	
				Federal	State							

PART G – OTHER INFORMATION
 49. For the crop types entered in Items 17, 30, or 36, list any agreements, contracts for payment for growing the crop, as opposed to delivery of production, or any other pertinent information, (e.g., secondary use, salvage value):

PART H – CERTIFICATION AND APPLICATION FOR PAYMENT
THIS PORTION MUST BE COMPLETED BEFORE THIS APPLICATION FOR PAYMENT WILL BE PROCESSED: Attach FSA-578, Appraisal Worksheet, actual production evidence, CCC-576-1, and, if applicable FSA-501, Statement of Facts. When harvested production exists, evidence of harvested production must be furnished with this application even if there was a previous appraisal. If crop acreage is destroyed without consent and release by FSA prior to appraisal, crop acreage is ineligible for payment.

The undersigned applies for NAP payment on the crops and units identified in accordance with 7 CFR part 1437 and NAP Basic Provisions (form CCC-471 BP). The undersigned certifies that all the information entered on this form, whether personally entered by the undersigned or not, or by someone else, the attachments to this form, related acreage reports, production certifications, statements, etc., are each and all true and correct. The undersigned certifies that the production on this form is accurately identified to the unit and represents total production, as well as the correct share relationship, pay crop, pay type, and year shown. The undersigned understands this report is subject to spot-check, and if FSA finds that this application contains any erroneous information, FSA will render a new determination. This may include a refund of unearned payments as a result of the errors. Failure to certify any of the information on this form and application accurately will result in a loss of program benefits. Additionally, by signing this form, the undersigned directs the purchaser, warehouse operator, ginner, or any person who otherwise, stores or purchases crop production listed on this form to disclose the production records of such crops to USDA representatives for the purpose of verification. If FSA issues a payment from CCC as a result of this application, FSA will issue a form detailing how the payment was calculated.

MULTIPLE BENEFIT EXCLUSION: If a producer is eligible to receive NAP payments and benefits under any other program administered by the Secretary for the same crop loss, the producer must choose whether to receive the other program benefits or NAP payments, but will not be eligible for both. The exclusion prohibits a producer from being compensated more than once for the same loss.

50A. Producer's Signature		50B. Title/Relationship of the Individual if Signing in the Representative Capacity	50C. Date Signed (MM-DD-YYYY)
51A. LA or FSA Representative Signature (Final)			51B. Date Signed (MM-DD-YYYY)

PART I – COC APPROVAL OR DISAPPROVAL OF APPLICATION FOR NAP PAYMENT		
52A. COC Action APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	52B. COC Signature	52C. Date (MM-DD-YYYY)

NOTE: 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 7 CFR Part 1437, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Federal Agriculture Improvement and Reform Act of 1996 (7 U.S.C. 7333 – as amended), the Federal Crop Insurance Act (7 U.S.C. 1508 – as amended), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Non-Insured Crop Disaster 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 Non-Insured Crop Disaster Assistance Program.

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 0560-0175. 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. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.