Forn	n App	orove	d - 0	MB N	lo. 0	560-03	312
			-		A + 110		

								proved - OMB No. 0560-0312 piration Date: 07/31//2023
FSA-112		U.S. DEPARTMENT OF A	GRICULTURE		1. Recordin	g State		Program Year
(01-23-23	3)	Farm Service Age	ency		California			2020
	DAN	DEMIC ASSISTAN			3. Recording	County	4	Application Number
		DGRAM (PARP) AF			Mendocino	Joounty	-	Application Number
	FR		PLICATION		Mendocino			
NOTE:	116-260) and 7 CFR Tribal agencies, and USDA/FSA-2, Farm I benefits. Payments i Public Burden State needed, completing (Part 9. The information will be used to nongovernmental entities that have be Records File (Automated). Providing the may be made under the program to who	determine eligibility for program bene en authorized access to the informatio en requested information is voluntary, is of the form applies only to the extent Public reporting burden for this collection of the collection of information. You a	afits. The informa on by statute or re However, failure permitted by app on is estimated to are not required to	tion collected on this for gulation and/or as desi to fumish the requeste licable authorities.	Im may be disclosed cribed in applicable Ro d information will resu	to other Federal, S butine Uses identif It in a determination	ied in the System of Records Notice for on of ineligibility for program
PARTA		RAGREEMENT	A CONTRACTOR OF THE OWNER			14110	and the second second	
information applicant a 1.	i is needed for US grees: To comply with re	re (USDA) will make PARP pay DA to make a determination th gulations set forth in 7 CFR Pa	at the applicant is eligible to r rt 9, subpart D;	eceive a PAR	P payment. By su	bmitting this appl	lication, and up	oon approval by USDA, the
3.	producer located i To provide, upon i	ment will only be made with res n the US and marketed in the request, to USDA all informatio	US; on that is necessary to verify tl	hat the inform	ation provided on	this form is accur	ate and to allo	w USDA representative
	To comply with pa CCC-902	ments and records of the produ yment limitation, adjusted gros , Farm Operating Plan for Pay , Member Information for Lega	s income, and other rules app ment Eligibility				erator, proces	sor or packer;
	 CCC-941 FSA-1122 	, Average Adjusted Gross Inco 2A, Continuation Sheet For Pa 3, Certification of 2020 Adjuste	ome (AGI) Certification and Co ndemic Assistance Revenue I					
	 AD-2106, 	, Socially Disadvantaged, Limi Form to Assist in Assessment Customer Data Worksheet, op	of USDA Compliance With C			rtification, optiona	al	
	To provide USDA an entity to timely	all eligibility documents require submit all eligibility documents	ed for program participation wi required may result in no pay	ment or a rec	luced payment;			individual, entity, or member of
8.10		e provisions of the Food Secur Erodible Land Conservation (Hi				All applicants mu	ust complete a	nd submit all portions of form
		ant does not participate in USE ant only has an interest in land						nd gar cane, such as tree fruits, tree
	nuts, grape determine	es, olives, native pasture and p if such production qualifies as ant has not converted a wetlan	erennial forage. If the applica the production of a perennial	nt produces a crop; and	lfalfa, the applican	t must contact th	e Natural Reso	burces Conservation Service to
6B.	i. The application	ant does not own or rent land o	levoted to an agricultural activ	vity including o	ropland, rangelan	d, pastureland or	forestland; or	
7.	If the applicant me	ant is a producer of livestock, r eets either the conditions in Iter ete Parts A and D of form AD-1	m 6A (certification with box 5E	3 on AD-1026,) or 6B Certification	n (certification wit	th box 5A on A	D-1026), the applicant is only
8.	If the applicant ide FSA-1122 A to rec	entifies as being a new produce quest an adjusted revenue.	er or has increased their opera	ation size betv	veen the benchma	rk year and 2020	they may con	nplete supplemental worksheet
9.	lf applicant receive Emergency Relief	es assistance through the Coro Program for 2020 after their P	onavirus Food Assistance Pro ARP payment is issued, their	gram 1 or 2, F PARP payme	Pandemic Livestoc ent will be recalcula	k Indemnity Prog ated and the appl	ram, Spot Mar icant must refu	ket Hog Pandemic Program, or Ind any resulting overpayment.
		RINFORMATION	LC REALIZED THE		AL COLORADORY			
5. Produ	cer Name, Addı	ress (City, State and Zip Code) and Phone Number (Inclu	ude Area Cod	e)			
DADTO								
PARTC	6.	BLE GROSS REVENUE	8.	Less Charles	9.	AGENCY 10	USE ONLY	11.
	owable Gross evenue	2019 Allowable Gross Revenue	2020 Allowable Gross Revenue		djusted 2018 Gross Revenue	COC Adjus Allowable Gro	ted 2019	COC Adjusted 2020 Allowable Gross Revenue
PARTD		RCERTIFICATION		TOLICO A CO			A STATE OF LOCAL	
		ledge under penalty of perju	ary in accordance with 28	U.S.C. § 174	6 and 18 U.S.C.	§ 1621 that the	foregoing is	true and correct.
	nature (By)		12B. Title/Relationship of					12C. Date (MM/DD/YYYY)
PART E	- COUNTY C	COMMITTEE (COC) DE	TERMINATION	AN COL	MI CARTON	人和时代 来自14		
13. COC	or Designee Sig	gnature			14. Date (MM/L			etermination
origin, religior	1, sex, gender identity (in	law and USDA civil rights regulations and cluding gender expression), sexual orienta r funded by USDA (not all bases apply to a	tion, disability, age, marital status, family/	parental status, inc	ome derived from a public	ing USDA programs are c assistance program, p	prohibited from disc olitical beliefs, or rep	riminating based on race, color, national vrisal or retallation for prior civil rights activity,
facice and 11	ry or contact USDA thro	Remative means of communication for pro ugh the Federal Relay Service at (800) 87 laint, complete the USDA Program Discrim	(-8339. Additionally, program information	may be made avai	lable in languages other t	han English.		
in the letter a	ir or me information reque	ann, complete the USDA Program Discrim ssted in the form. To request a copy of the shington, D.C. 20250-9410; (2) fax: (202) 6	complaint form, call (866) 632-9992. Subi	mit your completed	form or letter to USDA by	(1) mail: U.S. Departm	ent of Agriculture O	write a letter addressed to USDA and provide ffice of the Assistant Secretary for Civil Rights
								DATE STAMPED

HOW TO DETERMINE ALLOWABLE GROSS REVENUE

Table 1 provides guidance for:

- determining allowable gross revenue source
- what to include/exclude when determining allowable gross revenue.

Table 1.

Allowable gross revenue INCLUDES revenue from the	le 1. Allowable gross revenue EXCLUDES revenue from the
following sources:	following sources:
Sales of agricultural commodities produced by the producer, including sales esulting from value added through post-production activities. (Sched. F Line 2, or	 (1) Pandemic Assistance from: Coronavirus Food Assistance Program (CFAP) 1
ther comparable Federal tax form)	
ner comparable rederal lax jorm)	Coronavirus Food Assistance Program (CFAP) 2
NOTE: include income from:	Pandemic Livestock Indemnity Program (PLIP) Spot Market Hogs Pandemic Program (SMHPP)
	Spot Market Hogs Pandemic Program (SMITPP)
inventory carried over from the prior tax year	(2) 2020 Emergency Relief Program (ERP) Payments
 post-production activities (value added) i.e., grapes into wine or strawberries 	
into jam.	(3) Wild free-roaming animals
 Commodities not grown in the U.S. (if grown by U.S. producer and marketed in the U.S.) 	(4) Horses and other animals used for racing or wagering
 in the U.S.) Interest Charge Domestic International Sales Corporation (IC-DISC) income 	(5) Aquatic species that are NOT grown:
 Interest Charge Domestic International Sales Corporation (IC-DISC) income from the sale of agricultural commodities. 	 as food for human or livestock consumption,
nom me sale of agricultural commodities.	 for industrial or biomass uses,
2) Sales of agricultural commodities purchased for resale, less the cost or other basis	 as fish raised as feed for fish that are
f such commodities. (Sched. F Line 1C, or other comparable Federal tax form)	consumed by humans, or
such commodities. (Sched. P Line 1C, or other comparable Federal lax form)	 as ornamental fish propagated and reared in
	an aquatic medium.
NOTE: The sale of eligible aquatic species may only be included if the eligible	
quatic species were raised by a commercial operator and in water in a controlled	(6) Cannabis sativa L and any part of that plant including the seeds, thereof and all
nvironment.	derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, weather
3) The taxable amount of cooperative distributions directly related to the sale of	growing or not, with a delta-9 tetrahydrocannabinol concentration of more than 0.3
gricultural commodities produced by the applicant. (Sched F – Line 3a, or other	percent on a dry weight basis, that is grown under a license or other required
omparable Federal tax form)	authorization issued by the applicable governing authority that permits the production
 Payments received under the following agricultural programs regardless of crop 	of hemp
ear or program year (Sched F Line 4a & 4b, or other comparable Federal tax form):	(7) Timber
 Agriculture Risk Coverage and Price Loss Coverage Program (ARC/PLC) 	(8) Resale of items not held for characteristic change
 Biomass Crop Assistance Program (BCAP) 	Income from a pass-through entity such as an S Corporation or LLC
 Dairy Margin Coverage Program (DMC) 	(10) Conservation Program payments
 Loan Deficiency Payment (LDP) and Market Loan Gains (MLG) 	(11) Certificate Exchanges
Market Facilitation Program (MFP)	(12) Any pandemic assistance payments that were not for the loss of agricultural
 Margin Protection Program (MPP Dairy) 	commodities or the loss of revenue from agricultural commodities, including, but no
 Seafood Trade Relief Program (STRP) 	limited to:
	cost-share assistance
5) Commodity Credit Corporation (CCC) loans reported under election if elected to	 loss of buildings,
e treated as income and reported to IRS. (Schedule F Line 5a, or other comparable	• etc.
ederal tax form)	
5) Crop insurance proceeds received from FCIC or a private plan of insurance	(13) Custom hire income (Sched F Line 7, or other comparable Federal tax form)
gardless of crop year (as reported to IRS). (Schedule F Line 6, or other comparable	(14) Net gain from hedging or speculation
ederal tax form)	(15) Wages, salaries, and tips
7) Federal disaster program payments under the following programs (Schedule F	(16) Cash rent
ine 6, or other comparable Federal tax form):	(17) Rental of equipment or supplies
2017 Wildfire and Hurricanes Indemnity Program (WHIP)	(18) Revenue earned as a contract producer.
 Emergency Assistance for Livestock, Honeybees, and Farm Raised Fish 	(16) Revenue canted as a contract producer.
Program (ELAP)	
Livestock Forage Disaster Program (LFP)	
Livestock Indemnity Program (LIP)	
 Envestock indemnity Program (EIP) Noninsured Crop Disaster Assistance Program (NAP) 	and the second sec
Milk Loss Program	
 Milk Loss Program On-Farm Storage Loss Program (OFSLP) 	A THE REAL PROPERTY AND A DESCRIPTION OF A DESCRIPTIONO OF A DESCRIPTION OF
On-Farm Storage Loss Program (OFSLP) Tree Assistance Program (TAP)	
 Wildfires and Hurricanes Indemnity Program+ (WHIP+) 	
) Downsonto issued through grant agreements with DCA for large for the l	
 Payments issued through grant agreements with FSA for losses of agricultural 	
ommodities	
9) Revenue from raised breeding livestock (Sched 4797 Part 1 column (d) or (g), or	
(her comparable Federal tax form)	
0) Revenue earned as a cattle feeder operation	
11) NOAA grants and State program funds providing direct payments for the loss of	
gricultural commodities or the loss of revenue from agricultural commodities; and	
2) Other revenue directly related to the production of agricultural commodities that	Fig. 3. Strength A. S. S. S. M. Strength at M.
RS requires the applicant to report as income including but not limited to:	이 전 이 같은 것이 같은 것이 같아. 아이는 것을 알았는 것이 같아. 것이 같아. 것이 같아.
 Federal and State gas/fuel tax credits 	
 Income from by-passed (unharvested) acres 	
 Commodity specific income received from State or local governments. 	
3) Pandemic Market Volatility Assistance Program (PMVAP) benefits received	

Note: An applicant is not required to have filed a Schedule F to determine Allowable Gross Revenue. If an applicant did not file a Schedule F, the applicant will use the applicable federal tax form filed to determine Allowable Gross Revenue in the same manner as if a Schedule F was filed.

				OM	B Control Number: 0560-0297 Expiration Date: 09/30/2024
CCC-941	U.S. DEPARTMENT OF AGRI	CULTURE		1. Return completed form	
(10-01-21)	Commodity Credit Corpor	ration		Mendocino - Lake Count	
				Farm Service Agency	
				1252 Airport Park Blvd Ukiah Ca 95482	l, Ste B-1
AVERAGE	ADJUSTED GROSS INCOME (AGI) CERTIFICAT	ION		
AND COM	SENT TO DISCLOSURE OF T	AX INFORMATION	N	FAX Number: 844-206-6	969
				(Name, address and fax number Service Center)	r of FSA county office or USDA
(15 U.S.C. 714 et se program benefits. Th regulation and/or as requested informatic	ent is made in accordance with the Privacy Act of 1974 (5 USC q.), the Food Security Act of 1985 (Pub. L. 99-198), the Agricul le information collected on this form may be disclosed to other described in applicable Routine Uses identified in the System o n will result in a determination of ineligibility for program benefit fon Act (PRA) Statement: This information collection is exemp	lural Act of 2014 (Pub. L. 113-79), and Federal, State, Local government ager of Records Notice for USD A/FSA-2, Fe Is.	l the Agriculture II ncies, Tribal agen arm Records File	Intraetion identified on this form is 7 CFR Part 1- nprovement Act of 2018 (Pub. L. 115-334). The in cies, and nongovernmental entities that have bee (Automated). Providing the requested information	formation will be used to determine eligibility for a suborized access to the information by statute or
Public Burden Stat (providing the inform	ement: For CFAP 2.0 and QLA only, public reporting burden fo ation), and reviewing the collection of information. You are not	or this collection is estimated to averag required to respond to the collection, o	e 30 minutes per or USDA may not	response, including reviewing instructions, gathe conduct or sponsor a collection of information uni	ring and maintaining the data needed, completing
provisions of crimina 2. Name and Addre	ation), and reviewing the collection of information. You are not and civil fraud, privecy, and other statutes may be applicable ass of Individual or Legal Entity (Inclu	to the information provided. PLEASE	3. Taxpay	PLETED FORM TO FSA AT THE ABOVE ADDR	ESS. I) (Social Security Number for
		5, 1, 1, 1,		ual; or Employer Identificatio	
			- C		
(Use the same name ar	nd address as used for the tax return specifie	d in Part B)	1.1		
PART A – CERTIFIC	CATION OF AVERAGE ADJUSTED GR	ROSS INCOME		ALL AND A	mile care situres () especiality
 The program year 	ear for payment eligibility				
a. 20	Enter the year for which program taxable years preceding the most im	mediately preceding c	omplete ta	xable year for which benefits	are requested. For example.
5. I certify that th	the 3-year period for the calculation ne average adjusted gross income				
	than (or equal to) \$900,000	of the individual of leg	al entity i	n nem z (ior the year includ	ed in item 4) was:
	than \$900,000 T TO DISCLOSURE OF TAX INFORM			Second State of the second sec	
in 26 U.S.C. §6103(i Item 4:	C. §6103, I hereby authorize the Inter b)(2)) from the returns <i>(as specified b</i>	elow) of the individual	IRS) to rev I or legal e	iew the following items of "rent of the second s In the second s	eturn information" <i>(as defined</i> he taxable years indicated in
Form 1041 filers: farm deductions, exemption	<u>R filers</u> : farm income or loss; adjusted gro income or loss, charitable contributions, ns, adjusted total income; total income anteed payments to partners, ordinary bu	income distribution For	m 1120S file	0A, 1120C filers: charitable cont ers: ordinary business income related business taxable income	
understand the IRS very service of the Unit	vill review these items of return information ed States Department of Agriculture (USD rvation programs. The calculations perform	n in order to perform calcu A) for use in determining t	ulations, the	results of which I authorize to be al's or legal entity's eligibility for s	disclosed to officers and
use the information re-	ceived for compliance purposes related to	this eligibility determination	on, including	referrals to the Department of J	on, I am aware that the USDA may ustice.
Gross Income (AGI) is	ill disclose to the USDA the individual's or above or below eligibility requirements as the type of return from which the information	prescribed by the Agricul	Itural Act of	2014 or Agriculture Improvement	alculations, the average Adjusted t Act of 2018. The IRS will also
f the IRS is unable to for any of the taxable	locate a return that matches the taxpayer years indicated, the IRS may disclose that	identity information provid it was unable to locate a	led above, o return, or th	or if IRS records indicate that the at a return was not filed, for those	specified return has not been filed, a years, whichever is applicable.
understand the Interr	nal Revenue Code §6103(c), limits disclose	ure and use of return infor	mation prov	rided pursuant to a taxpayer's con	nsent and holds the recipient
An approved Powel	rought by private right of action, for any un r of Attorney (Form FSA-211) on file v	authorized access, other with USDA cannot be u	use, or redi	sclosure without the taxpayer's e	xpress permission or request.
By signing this form	n:				and temploting the form.
 I certify that 	ge that I have read and reviewed all d all information contained within this thorize CCC to obtain tax data from t	certification is true and	d correct:	and is consistent with the tax	creturns filed with the IRS;
 I am aware the confidential and confidential	nat without this consent to disclosure and are protected by law under the Ir I am authorized under applicable stat	e, the returns and retur iternal Revenue Code:	rn informa	tion of the individual or legal	entity identified in Item 2 are
entity only). 5. Signature (By)	Т	7 Title/Dalational		- di data 1 / 0'	0.0.4.444.55.18855
o. Signature (By)		Representative	p of the l Capacity	ndividual if Signing in a v for a legal entity	8. Date (MM-DD-YYYY)
	5 To 1 To 1				
				Date	e Stamp

CCC-941 (10-01-21)

GENERAL INFORMATION ON AVERAGE ADJUSTED GROSS INCOME – PART A

Individuals or legal entities that receive benefits under most programs administered by CCC cannot have incomes that exceed a certain limit set by law. For entities, both the entity itself, and its members cannot exceed the income limitation. If a member, whether an individual or an entity, of an entity exceeds the limitation, payments to that entity will be commensurately reduced according to that member's direct or indirect ownership share in the entity. (All members of the entity must also submit this form to verify income the limitation is met.)

Adjusted Gross Income is the individual's or legal entity's IRS-reported adjusted gross income consisting of both farm and nonfarm income. A three-year average of that income will be computed for the three years of the relevant base period identified on the first page of this form to determine eligibility for the applicable program year. Individuals or legal entities with average <u>adjusted gross income</u> greater than \$900,000 shall be ineligible for all payments and benefits under the commodity, price support, disaster assistance, and conservation programs.

HOW TO DETERMINE ADJUSTED GROSS INCOME (AGI)

Individual – Internal Revenue Service (IRS) Form 1040 filers, specific lines on that form represent the adjusted gross income and the income from farming, ranching, or forestry operations.

Trust or Estate - the adjusted gross income is the total income and charitable contributions reported to IRS.

Corporation - the adjusted gross income is the total of the final taxable income and any charitable contributions reported to IRS.

Limited Partnership (LP), Limited Liability Company (LLC), Limited Liability Partnership (LLP) or Similar Entity – the adjusted gross income is the total income from trade or business activities plus guaranteed payments to the members as reported to the IRS.

Tax-exempt Organization – the adjusted gross income is the unrelated business taxable income excluding any income from non-commercial activities as reported to the IRS.

HOW TO DETERMINE AVERAGE ADJUSTED GROSS INCOME

The period for calculation of the average AGI will be of the three taxable years preceding the most immediately preceding complete taxable year for which benefits are requested. This table shows examples for applicable years to be used in determining average AGI.

IF the crop year is	THEN Average AGI will be based on the following years
2019	2017, 2016, and 2015
2020	2018, 2017, and 2016
2021	2019, 2018, and 2017
2022	2020, 2019, and 2018
2023	2021, 2020, and 2019

GENERAL INFORMATION ON CONSENT TO DISCLOSURE OF TAX INFORMATION – PART B

This consent allows IRS's access to, and use of, certain items of return information to perform calculations, using a methodology prescribed by the USDA, that will assist USDA in its verification of a program participant's compliance with the adjusted gross income (AGI) limitations necessary for participation in, and receipt of, commodity, conservation, price support or disaster program benefits. This consent also permits the USDA to receive certain items of return information for its eligibility determination.

This consent authorizes the disclosure of these items of return information for only the time period specified. Each item of information requested on this form is needed for the IRS to (1) locate, and verify, your tax information; (2) perform the requisite Average AGI calculations; and (3) provide the USDA with the legal entity's name and Taxpayer Identification Number (TIN), the type of return from which the specified items were located for use in the calculation, and whether or not the average AGI is above or below eligibility requirements. The IRS will not provide the USDA with any of the items specified on this consent form that it uses to perform the calculations or the average AGI figure.

This form can only be signed by the person authorized under state law to sign this consent for the legal entity identified in Item 2. <u>An approved Power of</u> <u>Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority when completing this form.</u>

Internal Revenue Code, §6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

	Item No./Field name	Instruction
1.	Return Completed Form To	Enter the name, address and fax number of the FSA county office or USDA service center where the completed CCC-941 will be submitted.
2.	Person or Legal Entity's Name and Address	Enter the person's or legal entity's name and address for commodity, conservation, price support, or disaster program benefits. Enter the name and address as it appeared on the IRS tax returns filed for the taxable years specified in Item 4.
3.	Taxpayer Identification Number	In the format provided, enter the complete taxpayer identification number of the person or legal entity identified in Item 2. This will be either a Social Security Number or Taxpayer Identification Number.
4.	Program Year	Enter the year for which program benefits are being requested. The program year entered determines the 3-year period used for the calculation of the average adjusted gross income (AGI) for payment eligibility and the years for which this consent allows access to tax information.
5.	Average Adjusted Gross Income	Select the box next to the response that describes the average adjusted gross income for the applicable 3-year period for the program year entered in Item 4. Select only one response.
6.	Signature	Read the acknowledgments, responsibilities and authorizations, before affixing your signature. Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority.
7.	Title/Relationship	Enter title or relationship to the legal entity identified in Item 2.
8.	Date	Enter the signature date in month, day and year. This form must be returned to FSA within 90 days of the signature date for the consent to be valid.

INSTRUCTIONS FOR COMPLETION OF CCC-941

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are ponibiled from discriminating based on race, color, national origin, religions, exe, gender identity (including gender expression), sexual orientation, disability, age, martial status, limity/parental status, income derived from a public assistance program, policica bielles, or repsil or relativity expression), sexual orientation, disability, age, martial status, famity/parental status, income derived from a public assistance program, policical bielles, or approxil or relativity conducted or funded by USDA (not al bases approximation). Rependies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Paalle, large medies, American Sign Language) etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-500 (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 http://www.ascr.usda.gov/complaint_filing_cust.html To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a telter 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) (32-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Chill Registrated form or letter to USDA by: (2) email: U.S. Department of Agriculture Office of the Assistant Secretary for Chill Registrated form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Chill Registrated form or letter to USDA by: (1) email: <u>Department of Agriculture Office of the Assistant Secretary for Chill Registrated form</u> (2001) and the other secretary for Chill Registrated form or letter to USDA by: (1) email: <u>Department of Agriculture Office of the Assistant Secretary for Chill Registrated form</u> (2001) and the other secretary for Chill Registrated form or letter to USDA by: (2) email: <u>Department of Agriculture Office of the Assistant Secretary for Chill Registrated form or letter to USDA by: (2) email: <u>Department of Agriculture Office of the Assistant Secretary for Chill Registrated form</u> (2001) and the other secretary for Chill Registrated form of the other secretary for Chill Regi</u> In return for receiving a payment under ERP Phase 2, I agree to file an acreage report and purchase crop insurance at a coverage level equal to or greater than 60% for insurable crops, or at the catastrophic level or higher for NAP eligible crops, for the first two consecutive crop years when coverage is available after receiving payment, but no later than crop years 2025 and 2026. If I am required to meet this requirement for a crop for which a individual crop insurance policy is not available and I am intelliptie to obtain NAP coverage for the applicable year(s) because I exceed the average Adjusted Gross Income (AGI) limitations, then I must meet this requirement by either: I understand that I have applied for a payment under the ERP Phase 2. I have listed in Part A all eligible crops that suffered a revenue loss in whole or in part due to a qualifying disaster event that occurred in the 2020 or 2021 calendar year, and for which I have applied payment under the ERP Phase 2. These crops include any of the following: insurable crops, NAP eligible crops, and non-insured crops. If my crop is not eligible for NAP, then I am required to purchase Whole Farm Revenue Protection (WFRP) crop insurance at a coverage level of at least 60%. I understand that I am also required to pay any service fees, administrative fees, and premiums associated with the coverage required by this agreement. By signing this form, the producer agrees to have read and comply with the crop insurance and NAP coverage requirement as stated below for each crop listed in Part A. This agreement does not supersede or modify any previous requirements to purchase crop insurance or NAP coverage under any other law or program. 8A. Producer's Signature The Extending Government Funding and Delivering Emergency Assistance Act, requires producers to obtain crop insurance or NAP coverage for the next two available crop years to be eligible for an ERP payment. Producers that need to list more crops can use the continuation sheet on the back of this form. made under the program to which the form applies only to the extent permitted by applicable authorities.
Public Burden Statement (Paperwork Reduction Act): Public reporting burden for this collection is estimated to average 10 minutes per response, including information will be used to determine eligibility for program benefits. 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 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 760, Subparts S, Extending Government Funding and Delivering Emergency Assistance Act (Pub. L. 117-43). The Ex. Com California / 06 1. Producer Name COMPLETED FORM TO YOUR RECORDING COUNTY FSA OFFICE. required to respond to the collection or FSA may not conduct or sponsor a collection of information unless it displays a valid OMB control number. RETURN THIS reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits. Payments may be described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested (01/23/2023) FSA-522 acknowledge that I will be required to refund my Emergency Relief Program Phase 2 payment if I fail to meet this requirement. Crop/Commodity Name . Recording State Name/Code purchasing Whole-Farm Revenue Protection (WFRP) crop insurance coverage, if eligible obtaining NAP coverage and paying the applicable NAP service fee as required above, regardless of my ineligibility for NAP payment, or PART A - CROP/COMMODITY THAT SUFFERED A REVENUE LOSS DUE TO QUALIFYING DISASTER EVENT CROP INSURANCE AND/OR NAP COVERAGE AGREEMENT 6. Crop/Type Yellow **U.S. DEPARTMENT OF AGRICULTURE** PART B - LINKAGE AGREEMENT Farm Service Agency 8B. Title/Relationship of the Individual Signing in the Representative Capacity 2. FSA-521 Application Number 4. Recording County Name/Code Mendocino / 045 Grain Intended Use (MM/DD/YYYY) 8C. Date

OMB Approval # 0560-0309 Expiration Date 12/31/2025

FSA-522 (01/23/2023)

(A)		
7. Intended Use	6. Crop/Type	5. Crop/Commodity Name
	(Continuation Sheet)	
QUALIFYING DISASTER EVENT	PART A - CROP/COMMODITY THAT SUFFERED A REVENUE LOSS DUE TO QUALIFYING DISASTER EVENT	PART A - CROP/COMMODITY T