

CCC-576 (12-10-19)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	
Notice of loss and application for Payment noninsured crop disaster assistance program for 2020 and subsequent years		PART A – GENERAL INFORMATION	
		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
PART B – NOTICE OF LOSS			
5. Disaster Event			
A. What disaster event(s) caused loss?		D. Date Stamp (If a 72 hour notification of loss was given attach the Receipt for Service or other documentation.)	
		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>			
A. Farm Number	B. NAP Unit Number	C. Total Intended Acres	D. Planted Acres
			E. Prevented Planted Acres
			F. Prevented Planted Acres
			Approved
			Disapproved
8. Disaster Affected Planted Acres <i>(complete only for disaster affected planted acreage)</i>			
A. Farm Number	B. NAP Unit Number	C. Total Planted Acreage	D. Disaster Affected Planted Acreage
			E. Disaster Affected Acres
			Approved
			Disapproved
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)	
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)

11. Producer's Name	12. Crop Year	13. Unit No.	14. Pay Crop Code	15. Pay Type Code	16. Planting Period
---------------------	---------------	--------------	-------------------	-------------------	---------------------

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 (FMVB)	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						

49. Will independent assessments or other approved alternative loss percentage methods be used on all grazed acreage under Part F? 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

PART G – OTHER INFORMATION

50. 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-I, 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.

51A. Producer's Signature	51B. Title/Relationship of the Individual if Signing in the Representative Capacity	51C. Date Signed (MM-DD-YYYY)
52A. LA or FSA Representative Signature (Final)		52B. Date Signed (MM-DD-YYYY)

PART I – COC APPROVAL OR DISAPPROVAL OF APPLICATION FOR NAP PAYMENT

53A. COC Action APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	53B. COC Signature	53C. 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 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 Agriculture Improvement Act of 2018 (Pub. L. 115-334), and 7 CFR Part 1437. 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.

Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 7 U.S.C. 9091(2)(c)(B). **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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 prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, 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.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> and at any USDA office or write a letter 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) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.