

<b>CCC-913</b> (07-29-19)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation
<h2 style="margin: 0;">2019 MARKET FACILITATION PROGRAM (MFP) APPLICATION</h2>	

**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 Sec. 5 of the Commodity Credit Corporation Act [15 U.S.C. 714 et seq.]. The information will be used to determine producer eligibility to participate in and receive benefits under the Market Facilitation Program 2019. 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 concerning the processing of the 2019 Market Facilitation Program payment request.

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 0560-0292. 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. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

**PART A RECORDING COUNTY OFFICE (FOR COC USE ONLY)**

1A. Recording State & County Office Name	1B. Recording County Office Address	1C. Recording County Office Telephone No. <i>(Include Area Code)</i>
		1D. Recording County Office Fax No. <i>(Include Area Code)</i>

**PART B PRODUCER CONTACT INFORMATION**

2A. Producer Name	2B. Producer Address	2C. Contact Producer's Name
		2D. Contact Producer's Telephone No. <i>(Include Area Code)</i>

**PART C LIVESTOCK** **COC USE ONLY**

3. Commodity	4. Unit of Measure	5. Actual Production <i>(Producer's Share)</i>	6. Adjusted Production
DAIRY (DMC historical production)	cwt		
HOGS (4/01/19 – 5/15/19 Inventory)	head		

**PART D NON SPECIALTY CROPS** **COC USE ONLY**

7. Physical State Name	8. Physical County Name	9. Eligible 2019 MFP Acres	10. Eligible MFP Cover Crop Acres	11. Adjusted Eligible 2019 MFP Acres	12. Adjusted Cover Crop Acres

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, gender identity (including gender expression), sexual orientation, 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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (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](http://www.ascr.usda.gov/complaint_filing_cust.html) 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 Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program\\_intake@usda.gov](mailto:program_intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

PART E SPECIALTY CROPS				COC USE ONLY
13. Commodity	14. Physical State Name	15. Physical County Name	16. Total Planted Acres for 2019	17. Adjusted Acres

**PART F – PRODUCER CERTIFICATION**

*The undersigned certifies that all the information entered on this form, whether personally entered by the undersigned or by someone else, is true and correct. The undersigned certifies and acknowledges that the applicable acreage or production on this form is accurately identified to the producer and represents only the producer’s crop acreage share interest or actual ownership share of production interest of the applicable commodity. The undersigned understands that the information entered on this form is subject to verification by spot-check. Failure to accurately certify any of the information on this form and application may result in a loss of program benefits and the imposition of other administrative, civil, or criminal actions. Additionally, by signing this form, the undersigned authorizes any person to whom the producer has associated to provide USDA with copies of records verifying the information entered on this form. The undersigned agrees to comply with all terms and conditions associated with 2019 MFP as stated in [7 CFR Part 1409](#) and notice of funds availability.*

18A. Producer's Signature (By)	18B. Title/Relationship of Individual Signing in the Representative Capacity	18C. Date (MM-DD-YYYY)
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