Instructions For FSA-862

COMMODITY CONTAINER ASSISTANCE PROGRAM (CCAP) APPLICATION

CCAP provides assistance to eligible owners or designated marketing agents of U.S. agricultural products for eligible shipping containers picked-up or stored at USDA designated Terminal Pop-Up sites located at the Port of Oakland and designated ports associated with the Northwest Seaport Alliance (NWSA).

Submit the completed form including signature no later than the 15 days after the end of the month to USDA Farm Service Agency Price Support Division by email to **SM.FPAC.FSA.CCAP@usda.gov** Examples: Submit number of containers for March, April and May no later than June 15, 2022, and submit number of containers for June no later than July 15, 2022. **Applications submitted after the 15th of the month will be processed in the next payment cycle.**

Applicants may electronically transmit this form to the USDA FSA Price Support Division, **provided** that (1) the applicant submitting the form is the only person required to sign the transaction, or (2) the applicant has power of attorney or signature authority if representing an individual or entity.

Applicants must complete Part A Items 3 through 10, Part B items 11, through 13 and enter the number of containers under the applicable month, and Part C Items 14A through 14C.

Items 1- 2 and 15A - 15D are for FSA use only.

Items 3-14C are completed by applicant.

Fld Name / Item No.	Instruction
1 Program Year *(Preprinted)*	The program year is 2022 only.
2 Application No.	The application number will be assigned by FSA.

PART A – APPLICANT INFORMATION

Fld Name / Item No.	Instruction
3 Applicant's Name	Enter name of applicant.
4 Applicants Address	Enter applicant's address *(City and State, Include Zip Code)*.
5 Applicants Phone Number *(Include Area Code)*	Enter applicant's phone number *(Include Area Code)*.
6 Unique Entity ID	Enter Unique Entity ID *(12 alphanumeric characters assigned by SAM.gov)*. **Important Note**: Applicants that wish to receive payment by direct deposit must complete SAM.gov registration online and provide bank account information. https://sam.gov/content/home
7 Contact Name	Enter point of contact name.
8 Contact Address	Enter point of contact address *(City and State, Include Zip Code)*.
9 Contact Phone Number *(Include Area Code)*	Enter point of contact phone number *(Include Area Code)*.

As of: (06-30-22)

Fld Name / Item No.	Instruction
10 Email Address for Monthly Applications	Enter the email address for monthly applications. The first time an application is submitted this email address will be (1) tied to the applicant's name in item 3; (2) used to validate certification in Part C on all future applications.

PART B – NUMBER OF CONTAINERS PICKED UP OR FILLED
(Enter the port of origin of the containers and the number of containers picked up or filled for the month)

11 Port of Origin in Partnership with USDA	Enter **one** of the following Ports with a designated terminal for CCAP: • Port of Oakland, CA (Howard Terminal Only) or • Port of Seattle, WA *(Terminal 46 Only)* • Port of Takoma, WA (West Hylebos Terminal Only) Submit only *one* application per **Port/Terminal** per month or Calendar Year *(CY)* 2022. A separate form must be used if applicant is reporting containers picked up or filled with an agricultural commodity at different Port/Terminal locations.
12 Designated Terminal (Pop-Up Site) at Port of Origin	Enter **one** of the following designated Terminal Pop-Up Sites for CCAP located at the Port of Origin: • Howard Terminal at the Port of Oakland, CA • Terminal 46 (T46) at the Port of Seattle, WA • West Hylebos Terminal at the Port of Takoma, WA
13 **Enter Yes or No**	**Enter "Yes" or "No", in each row to indicate which type of containers (empty, dry or reefer) have or have not been picked-up from the Howard Terminal or filled with an agricultural commodity and stored at a designated Terminal for the previous month or CY 2022.** **<u>Important Note</u>: When completing a subsequent application, do not resubmit the total number of containers submitted for previous month*(s)*.** **Example: On June 1, 2022, an application was submitted reporting number of containers for March, April, and May. When submitting a subsequent application for June, the number of containers for March, April, and May on the application must be blank otherwise payment will be delayed.**

As of: (06-30-22)

Fld Name / Item No.	Instruction
	Only count each TEU container and each FEU container as one container when computing total number of containers for the month.
March	Enter the total number of containers for March 1 – March 31.
April	Enter the total number of containers for April 1 – April 30.
May	Enter the total number of containers for May 1 – May 31.
June	Enter the total number of containers for June 1 – June 30.
July	Enter the total number of containers for July 1 – July 31.
August	Enter the total number of containers for Aug. 1 – Aug. 31.
September	Enter the total number of containers for Sept. 1 – Sept. 30.
October	Enter the total number of containers for Oct. 1 – Oct. 31.
November	Enter the total number of containers for Nov. 1 – Nov. 30.
December	Enter the total number of containers for Dec. 1 – Dec. 31.

PART C – APPLICANT CERTIFICATION STATEMENT

All applicants must certify, by signing the application, that all of the information entered on this form, whether personally entered by the undersigned or not, or by someone else, is true and correct. The undersigned certifies and acknowledges that the information entered on the form is needed in order for USDA to make a determination that the applicant is eligible to receive a Commodity Container Assistance Program payment and is subject to verification by USDA. Failure to certify any of the information on this form accurately may result in a loss of program benefits. Additionally, by signing this form, the undersigned authorizes the owner of the containers to provide records of such containers listed on the form to USDA representatives for the purpose of verification. The undersigned (1) agrees to comply with all terms and conditions associated with Commodity Container Assistance Program as stated in the Notice of Funds Availability published in the Federal Register; (2) will maintain and provide verifiable and reliable records upon request; (3) payment is subject to the availability of funds (4) and understands the applicant must have a Unique Entity ID registration on SAMS.gov in order to receive a payment.

Fld Name / Item No.	Instruction
14A Applicant's Signature *(By)*	Applicant applying for a CCAP payment must sign.
14B Title/ Relationship of the Individual Signing in the Representative Capacity	Enter title and/or relationship of the individual to the entity when signing in a representative capacity. **Note**: If the applicant signing is not signing in a representative capacity, this field should be left blank.
14C Date Signed *(MM-DD-YYYY)*	Enter the date FSA-862 is signed in Item 13A.

PART D – DAFP APPROVAL *(For FSA Use Only)*

15A DAFP or Designee Signature	Enter DAFP or Designee signature.
15B Title of Designee *(If Applicable)*	Enter title of designee, if applicable.
15C Date Signed *(MM-DD-YYYY)*	Enter date signed.
15D Determination	Check applicable box.