

Florida Citrus Recovery Block Grant

Program Application and Agreement

FORM DEM-CRBG-01 v3

The following application is intended for citrus growers in the State of Florida seeking financial assistance to aid in the recovery of damages suffered during Hurricane Irma (DR-4337). The purpose of this application is both to clarify the eligibility of applicants to receive funding, as well as to collect information that will be used in calculating the amount of assistance distributed to eligible applicants.

Applicant Considerations

A 2017 Wildfires and Hurricanes Indemnity Program (WHIP) application must be completed and submitted to the USDA Farm Service Agency prior to completion of this application. The WHIP application(s) and supporting documents must be provided as an attachment to this application. A USDA Executed WHIP application must be received before payments can be made under this block grant.

Participation in this program requires you to obtain Federal Crop Insurance for Crop Years 2020 and 2021 for fruit and in some cases tree. If you elect, as described herein, you may also be required to purchase insurance for 2022 and 2023. If you fail to meet these requirements, you will be required to refund all payments received under the program.

Applicants must demonstrate ongoing production and harvest activities for each year that payments are disbursed throughout the period of this agreement.

Period of Agreement

This agreement covers the period from September 10, 2017 through December 31, 2023.

Program Contact

For inquiries concerning the Florida Citrus Recovery Grant Block Program please contact:
Wesley Sapp, CRBG Contract Manager
Florida Division of Emergency Management
Wesley.Sapp@em.myflorida.com
(850) 815-4431

Application Submittal Instructions

To submit electronically, please email a copy of the completed application and all associated documentation to citrus@em.myflorida.com. If you have any further questions, please refer to the program website at www.floridadisaster.org/citrus.

To submit in person, please call (863) 410-0925 or (863) 800-0342 to set up an appointment at a USDA Farm Service Agency location.

I. Applicant General Information

Applicant/Legal Entity Name	
County/Counties	
Federal Tax ID or Social Security Number	

A. Applicant Point of Contact

Name	
Title	
Address	
City, State, Zip	
Phone	
E-mail	

B. Authorized Applicant Agent*

Name	
Title	
Address	
City, State, Zip	
Phone	
E-mail	

*Power of Attorney is required if applicant agent is not the owner. Please refer to www.floridadisaster.org/citrus or Application Intake Staff for this form.

II. Farm Operation Information

A. Subject Parcels/ Applicant Operation Locations

Please list the County, Parcel Number and variety below for impacted acreage **at the time of Hurricane Irma** (2018 Crop Year). All information but the Parcel Number may be found on a completed WHIP FSA-578, Farm and Tract Detail Listing Form. Parcel Numbers may be found by searching your local Property Appraiser website. If multiple parcels are included in the same farm tract or block listed on the FSA-578, please identify below in the Farm Tract column.

Proof of applicant ownership will be verified; additional proof of ownership documentation may be required. Maintenance and/or production records for the locations identified in this section are required to be submitted with this application to demonstrate ongoing harvest and production activities at the time of application.

County	Farm Tract	Parcel Number	Variety
<i>Ex. Polk</i>	<i>1</i>	<i>222601000000011000</i>	<i>Valencia</i>

B. Net Tree Acreage by Location

Please identify variety and net tree acres for each farm tract, or block, below. This information may be found on an FSA-578, Farm and Tract Detail Listing Form.

<input type="checkbox"/>	Check this box to submit an FSA-578, Farm and Tract Detail Listing, in lieu of identifying net tree acreage below.		
<input type="checkbox"/>	Check this box if the acreage identified on the FSA-578, Farm and Tract Detail Listing or FSA-890 WHIP Application <i>does not include</i> trees that are less than 5 years old and you wish to apply for these acres under this program.		
Farm Tract	Variety	Net Tree Acres Older than 5 Years	Net Tree Acres 5 Years or Younger
<i>Ex. 1</i>	<i>Valencia</i>	<i>47.5</i>	<i>15.2</i>

III. Production Loss Formula

The following formula will be utilized to determine percentage of production loss by variety, by County. Formula inputs will be identified on the FSA-890, WHIP Application Form.

$$\left(1.00 - \frac{\text{Production}^*}{\text{Acres} \times \text{Yield}}\right) \times 100$$

*Production may be measured using “Production to Count” or “Assigned or Adjusted Production” identified on the FSA-890 Form.

IV. General Eligibility Questions

Please answer the following questions on behalf of the applicant/legal entity applying for assistance by selecting one box for each question.

	Yes	No
1. Did you grow or attempt to grow citrus crops in the State of Florida in the 2017 calendar year at the locations/parcels identified in this application?		
2. Did you own the 2018 crop, have a shared interest in the 2018 crop year, and/or a risk of loss in the 2018 crop that was damaged or lost as a result of Hurricane Irma?		
3. Did your farming operation have at least one acre of citrus groves used for citrus production during the time of Hurricane Irma?		
4. Did your farming operation have at least 100 citrus trees of the following varieties? Grapefruit; lemon; lime; mandarin; murcott; orange, including but not limited to the following varieties: early/mid-season, late, navel, temple, valencia, hamlin, pineapple, ambersweet, and honeybell; pummelo (pomelo); tangelo; tangerine; and tangor.		
5. Did you apply for and/or receive benefits from the FSA Tree Assistance Program (TAP) for losses caused by Hurricane Irma for the locations/parcels identified in this application?		
6. Are you and the crop for which you are applying eligible to purchase Federal Crop Insurance or Noninsured Crop Disaster Assistance Program (NAP) coverage?		

	Yes	No
7. Through maintenance and/or production records can you demonstrate ongoing production activities for the locations/parcels identified in this application as of the date of application submittal?		
8. Did you have Federal Crop Insurance for the 2018 crop year impacted by Hurricane Irma?		
9. Are you the only owner/shareholder of the farming operation and subject parcels identified above who owned the 2018 crop, had a shared interest in the crop or a risk of loss in the crop?		

If you answered “no” to number 9, list other owners and their share. Additional proof of ownership may be required.

Check this box if a CC-902, Farm Operating Plan Form, can be submitted in lieu of the list below.

Owner Name	Ownership percentage, shared interest amount, or risk of loss amount

V. Available Assistance

Please check boxes for the parts where you seek assistance.

The three parts below are the assistance available to eligible producers. This segment of the application identifies which areas of assistance an applicant is seeking funding. The documented percentage production loss of the 2018 crop citrus fruit (2017 calendar year crop) identified in the parts below is calculated using the formula presented in Section III above.

Eligible applicants may receive up to \$1,130.50 per acre under Parts 1 and 2, as follows:

Part 1: \$385.00/acre
Part 2: \$745.50/acre
 \$1,130.50/acre

Part 1: Tree Resets, Grove Rehabilitation, and Irrigation System Repair/Replacement

Upon documented production loss of 2018 crop citrus fruit of at least 20%, you may be eligible for up to \$385.00 per acre for hurricane affected acres for the below purposes.

An eligible producer may not receive payments under this Part on more than 15,000 acres. Producers which received benefits under the FSA Tree Assistance Program (TAP) for Hurricane Irma damage are not eligible to receive assistance under Part 1 for the same loss. Check all that apply.

	Yes	No
Replacing destroyed trees with new trees	<input type="checkbox"/>	<input type="checkbox"/>
Tree architecture recovery	<input type="checkbox"/>	<input type="checkbox"/>
Standing up, pruning, or hedging damaged trees	<input type="checkbox"/>	<input type="checkbox"/>
Rebalancing damaged root systems or foliage	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative nutrition (for trees weakened by hurricane stress)	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for disease or pest outbreaks (for trees weakened by hurricane stress)	<input type="checkbox"/>	<input type="checkbox"/>
Weed management (to control increased weed growth due to hurricane defoliation)	<input type="checkbox"/>	<input type="checkbox"/>
Repair or replacement of damaged irrigation and drainage systems	<input type="checkbox"/>	<input type="checkbox"/>
Repair or replacement of damaged ditch and water flow systems	<input type="checkbox"/>	<input type="checkbox"/>
Repair or replacement of damaged irrigation equipment	<input type="checkbox"/>	<input type="checkbox"/>
Other rehabilitation needs caused by Hurricane Irma; Please describe.		

Part 2: Future Economic Losses

Upon documented production loss of 2018 crop citrus fruit of at least 40%, a producer is eligible for economic loss payments of up to a total of \$745.50 per acre for compensation of expected citrus losses over the crop years 2019 and 2020. Up to three payments may be disbursed upon completion of the required payment deliverables documented in *Part VI. Payments*, below. The payments will be disbursed in the following manner –

- Payment #1: up to \$372.75 per acre
- Payment #2: up to \$186.38 per acre
- Payment #3: up to \$186.38 per acre
up to \$745.50 per acre

To be eligible to apply for *Part 2: Future Economic Losses*, you must apply for eligible activities under *Part 1: Tree Resets, Grove Rehabilitation, and Irrigation System Repair/Replacement*. No acreage limit applies.

Part 3: Crop Insurance Purchase Requirement

Participation in the Florida Citrus Recovery Block Grant requires producers to purchase Federal crop insurance for both the 2020 and 2021 crop years at a minimum 60 percent level where insurance is available. Where Federal crop insurance is not available, producers must purchase NAP coverage for both the 2020 and 2021 crop years at a minimum 60 percent coverage level. If NAP coverage at the 60 percent coverage level is unavailable, producers will be required to obtain basic 50/55 NAP coverage for both the 2020 and 2021 crop years. A producer may obtain a level of coverage greater than 60 percent, but the State shall only assist in the purchase at the 60 percent level.

Two options are available to satisfy the crop insurance purchase requirement. Select the option you desire. If no box is selected, option one will be the default. A signature is required under whichever option you chose.

Option 1 – Two-Year Insurance Option (2020 and 2021)

The applicant purchases Federal crop insurance consistent with the crop insurance purchase requirement identified at the beginning of the *Crop Insurance Purchase Requirement* section (above). The applicant is responsible to pay all administrative fees and producer-paid premiums without assistance under this program.

By signature and submission of this application, you acknowledge that if you fail to purchase the two years of insurance, you will be required to refund all payments received under the Florida Citrus Recovery Block Grant. The State of Florida will require documentation to demonstrate active coverage for the periods required under this option. If you choose this option, you will not get reimbursed for your insurance costs.

Name: _____

Signature: _____

Option 2 – Four-Year Insurance Option (2020, 2021, 2022, and 2023)

The applicant purchases Federal crop insurance for the 2020 through 2023 crop years at the 60 percent coverage level where insurance is available. You will be reimbursed for your administrative fees and producer-paid premiums for the 2020 and 2021 crop years. For the 60 percent coverage for the 2022 and 2023 crop years, you are responsible to pay all administrative fees and producer-paid premiums without assistance under this program. This option is not available for applicants who are required to obtain NAP coverage.

By signature and submission of this application, you acknowledge that if you fail to purchase the four years of insurance, you will be required to refund all payments received under the Florida Citrus Recovery Block Grant. The State of Florida will require documentation to demonstrate active coverage for the periods required under this option.

Name: _____

Signature: _____

VI. Payments

Payments to eligible producers will be processed upon receipt of a complete application in accordance with the below deliverables:

General Deliverables –

- Executed Wildfires and Hurricanes Indemnity Program (WHIP) Application(s)
- Certification of Ongoing Maintenance and Production (completed annually)

Part 1 Deliverables –

- Submittal of proof of payment documentation
- Completed Payment Calculation Form DEM-CRBG-03

Part 2 Deliverables –

- Completion of Site Inspection and corresponding Photograph Log
- Submittal of Proof of Insurance for 2020 Crop Year
- Submittal of Proof of Insurance for 2021 Crop Year

Part 3 Deliverables –

- Submittal of Proof of Insurance for 2022 Crop Year, if elected
- Submittal of Proof of Insurance for 2023 Crop Year, if elected

Applicants must register in the [MyFloridaMarketPlace](#) (MFMP) and [My Florida CFO](#) vendor payment systems to receive payment. Any fees associated with MFMP are waived for applicants. For assistance registering, please visit floridadisaster.org/citrus or call the Florida Citrus Recovery Block Grant Program at (863) 800-0342.

VII. Acknowledgements

<input type="checkbox"/>	I am duly authorized to sign on behalf of the applicant. I hereby give consent to the State of Florida to share applications, data, and other relevant documents with USDA’s Farm Service Agency and Risk Management Agency. I further consent that Farm Service Agency may provide the State of Florida with other data, information and relevant documents to establish eligibility or implement the Citrus Block Grant.
<input type="checkbox"/>	I acknowledge that, upon request from USDA or the State of Florida, that I must provide evidence that any funds awarded through this grant were used for the intended purposes as identified in this application. Further, I consent and agree to allow the State or USDA access to any grove or subject property of this agreement during regular business hours, with reasonable notice and to provide documentation to assure compliance with the terms of any awarded funding.
<input type="checkbox"/>	I certify that the statements made on the program application and any other program documents are true and correct and that I understand that any false statements made as part of the application, or any other program documents, can be the subject of substantial civil and/or criminal liability and sanctions.
<input type="checkbox"/>	I agree to retain financial and other records relating to the funds for a period of 5 years after completion of the distribution of grant funds or until final resolution of any audit findings or litigation claims relating to the distribution of such fund, whichever is later.

<input type="checkbox"/>	By submittal of this application, I acknowledge that failure to provide access to required documentation to demonstrate compliance with the terms of this application will result in the grant to be considered to have been improperly made for which I shall be responsible for a full refund to the State of any funds received.		
Name		Name	
Signature*		Signature*	
Date		Date	
*The above signature must be by an individual with legal signing authority for the respective legal entity.			

For State Authorized Representative Use Only	
STATE AUTHORIZED REPRESENTATIVE	
DATE OF SUBMISSION	_____

EXECUTED WHIP APPLICATION NUMBER(s)	

**DIVISION OF EMERGENCY MANAGEMENT
SUMMARY OF DOCUMENTATION IN SUPPORT OF AMOUNT
CLAIMED FOR ELIGIBLE RECOVERY WORK UNDER THE
CITRUS RECOVERY GRANT PROGRAM - PART 1**

APPLICANT/LEGAL ENTITY NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

DEM-CRBG-02

DEM Application No. _____

Applicant's Reference No. (Cancelled Check, Warrant, Voucher or Schedule No.)	Date Delivery of articles, completion of work or performance services.	Documentation List Documentation (Applicant's payroll, material out of applicant's stock, applicant owned equipment and name of vendor or contractor) by category and line item in the approved project application and give a brief description of the article	Eligible Costs 100% unless otherwise denoted
1 CK#			Inv#
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25 CK#			Inv#
TOTAL			@ 100% \$ -

TOTAL CURRENT REQUEST _____

I certify that to the best of my knowledge and belief the above accounts are correct, the above costs were incurred as a result of Hurricane Irma impacts to the subject groves, and that all disbursements were made in accordance with all conditions of the Citrus Recovery Block Grant Program and payment is due and has not been previously requested for these amounts.

APPLICANT SIGNATURE _____
 NAME AND TITLE _____ DATE: _____

TO BE COMPLETED BY DIVISION OF EMERGENCY MANAGEMENT

APPROVED PROJECT TOTAL \$ _____

GOVERNOR'S AUTHORIZED REPRESENTATIVE

APPROVED FOR PAYMENT \$ _____

DATE