## **Instructions For CCC-576**

## NOTICE OF LOSS AND APPLICATION FOR PAYMENT -NONINSURED CROP DISASTER ASSISTANCE PROGRAM

Producers use this form to request NAP assistance when natural disasters cause a catastrophic loss of production or prevented planting of an eligible crop, whereby CAT is not available and is produced for food or fiber.

Submit the original of the completed form in hard copy or facsimile to the appropriate FSA servicing office.

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the only person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

FSA completes Items 1A through 7D, Items 22 through 58, and Items 60A through 62C. Producers must complete Part B Items 8A through 21B.

Items 1A - 7D are for FSA use only.

Items 8A - 21B

Fld Name /Item No.	Instruction
8A Crop Name	Enter crop name that suffered loss as result of disaster event identified in Item 9.
8B Crop Type	Enter crop type that suffered loss as result of disaster event identified in Item 9. Use a separate CCC-576 for each type or variety of crop affected by disaster.
9 What disaster event caused loss?	Enter disaster event that caused loss, such as tornado, hurricane, drought, flood, disease, aflatoxin, virus, insect infestation, etc.

Fld Name	Instruction
/Item No. 10A Beginning disaster date	Enter the beginning date of the disaster event.
10B Ending disaster date	Enter ending date of the disaster event.
When was loss apparent?	Enter date when damage or loss of crop was apparent.
For the crop type entered in Item 8, was there	Enter a checkmark in either the "YES" or "NO" checkbox to answer the question to Item 12.
Check type of loss suffered as a result of the event identified in Item 9.	Enter a checkmark to identify the type of loss suffered as a result of the event identified in Item 9: that is, prevented planting, and or damaged crop, and or low yield.  Appraisal is required for damaged/low yield crop before destruction to be eligible for NAP benefits.
Was the crop in Item 8 Irrigated or Non-Irrigated?	Check the applicable practice of Irrigated or Non-Irrigated identified in Item 8. If both practices are used, check both.
15A &B If "Prevented Planting" is checked in Item 13	If "Prevented Planting" is checked in Item 13, enter intended but prevented acreage in Item A. If planted acreage, enter the acreage in Item B.
16A & B For intended but prevented	For intended but prevented acreage entered in Item 15, provide evidence of purchase, delivery, and or arrangement for seed, chemicals, fertilizer, and land preparation measures for acreage affected.

Fld Name	Instruction
/Item No.	
acreage entered in	NOTE COC : " 1 to f
Item 15	NOTE: COC may require attachment of expense receipts to verify preparation measures.
17A & B	If "Low Yield" is checked in Item 13, enter total crop acreage and
If "Low	affected crop acreage.
Yield" is	arrooted trop dorouge.
checked in	
Item 13,	
enter total	
crop acreage	
and affected	
crop	
acreage.	TC 1 1
18	If damaged crop and or low yield is checked in Item 13, explain cultivation practices for expected crop production, before and after
What	date of damage, on affected crop acreage.
cultivation practices	date of damage, on affected crop acreage.
have been	
and will be	
employed on	
damaged	
crop	
acreage?	
19	Describe what will be done with damaged crop acreage (include
What will be	dates), that is, will be destroyed, replanted to another crop, not harvested, not planted.
done with damaged	narvested, not planted.
crop	If crop is harvested, provide production evidence to the local FSA
acreage?	County Office.
20	Describe what has been done with prevented planted or damaged crop
What has	acreage (include dates), that is, will be destroyed, replanted to another
been done	crop, not harvested, not planted.
with	
prevented	If crop is harvested, provide production evidence to the local FSA
planted or	County Office.
damaged crop	
acreage?	
21	Producer will read the certification statement in Item 21 before signing
Producer	in Item 21 A. The producer is certifying that all information in Part B
Certifies	is correct and acknowledges receipt of copy of this form.

Fld Name /Item No.	Instruction
21A & B	Producer shall sign and date certifying to information on form.
Producer's Signature and Date	NOTE: As long as 1 person having an interest in the farming operation files a timely notice of loss, according to paragraph 401, all producers having an interest will be considered timely filed.
	If you are mailing or faxing this form, print the form and manually enter your signature. If this form is approved for electronic transmission and you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office.

## Items 22A - 58 are for FSA use only.

Part G, Certification and Application for Payment, should be read by the Producer certifying that all information provided is true and correct before signing Items 59A and 58B.

59A & B Producer's Signature and Date	Producer shall sign and date certifying to information on the form. Each producer with a share in the farming relationship must complete and sign a separate CCC-576, Part G for their share of eligible NAP benefits.
	If you are mailing or faxing this form, print the form and manually enter your signature. If this form is approved for electronic transmission and you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office.

Items 60A - 62C are for FSA use only.