

<b>AD-3117B</b> (08-27-21)	<b>U.S. DEPARTMENT OF AGRICULTURE</b>  <b>CONTINUATION SHEET FOR CORONAVIRUS FOOD ASSISTANCE PROGRAM 2 (CFAP 2)</b> <b>APPLICATION FOR CONTRACT PRODUCERS</b>	1. Date (MM-DD-YYYY)	2. State/County
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**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 7 CFR Part 9, the CARES Act (Pub. L. 116-136), the Consolidated Appropriations Act, 2021 (Pub. L. 116-260), and 15 U.S.C. 714b and 714c. The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, and 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 for program benefits. Payments may be made under the program to which the form applies only to the extent permitted by applicable authorities.

**Public Burden Statement (Paperwork Reduction Act):** Public reporting burden for this collection is estimated to average 60 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection, or USDA may not conduct or sponsor a collection of information unless it displays a valid OMB control number. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

**PART A CONTRACT PRODUCER INFORMATION**

3. Contract Producer's Name and Address (City, State, and Zip Code) and Phone Number (Include Area Code)

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4. Did your contract production operation increase in size (square feet) in 2020? Yes  No  If "Yes" Only Complete Parts B and E

5. Were you a new contract producer in 2019? Yes  No  If "Yes" Only Complete Parts C and E

6. Did your contract production operation have increased production or number of turns in 2020, not associated to an increase of square footage for the operation, compared to 2018 or 2019 that impacted revenue? Yes  No  If "Yes, Only Complete Parts C and E

7. Were you a new contract producer in 2020? Yes  No  If "Yes" Only Complete Parts D and E

**PART B 2020 OPERATION INCREASE IN SIZE INFORMATION** **COC USE ONLY**

8. Commodity	9. Select Year: <input type="checkbox"/> 2018 <input type="checkbox"/> 2019		2020		12. COC Adjusted 2018 or 2019 Revenue
	9A. Revenue (Jan 1 - Dec 27)	9B. Square Footage of Operation	10. Revenue (Jan 1 - Dec 27)	11. Square Footage of Operation	

**PART C NEW 2019 CONTRACT PRODUCER OR INCREASED 2020 PRODUCTION INFORMATION** **COC USE ONLY**

13. Commodity	14. Unit of Measure for Production	15. Select Year: <input type="checkbox"/> 2018 <input type="checkbox"/> 2019			2020			19. COC Adjusted 2018 or 2019 Revenue
		15A. Revenue (Jan 1 - Dec 27)	15B. Total Production (If Applicable) (Jan 1 - Dec 27)	15C. # of Turns (If Applicable) (Jan 1 - Dec 27)	16. Revenue (Jan 1 - Dec 27)	17. Total Production (If Applicable) (Jan 1 - Dec 27)	18. # of Turns (If Applicable) (Jan 1 - Dec 27)	

**PART D NEW 2020 CONTRACT PRODUCER INFORMATION** **COC USE ONLY**

20. Commodity	21. 2020 Revenue (Jan 1 - Dec 27)	22. COC Calculated Average Loss Level	23. COC Calculated 2019 Revenue

**PART E CONTRACT PRODUCER CERTIFICATION**

*I hereby sign and acknowledge under penalty of perjury in accordance with 28 U.S.C. § 1746 and 18 U.S.C. § 1621 that the foregoing is true and correct. If I am a new 2020 contract producer, I understand that my level of loss, if applicable, will be determined by USDA based on the best available data for eligible contract livestock or poultry operations in a geographic area for payment calculation purposes.*

24. Signature (By)	25. Title/Relationship of the Individual Signing in the Representative Capacity	26. Date ((MM/DD/YYYY))
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**PART F COC DETERMINATION**

27. COC or Designee Signature	28. Date (MM/DD/YYYY)	29. Determination <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
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Date Stamp