Form Approved - OMB No. 0560-0301 OMB Expiration Date: 01/31/2022

Date Stamp

<b>FSA-620</b> (07-16-2021)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	Recording State	2. Program Year 2020
	PANDEMIC LIVESTOCK INDEMNITY PROGRAM (PLIP) APPLICATION	3. Recording County	Application Number

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 Notice of Funds Availability FR Doc. 2021-15295, 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 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 of information is estimated to average 30 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 of information, or FSA may not conduct or sponsor a collection of information, unless it displays a valid OMB control number of 0560-0301, 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 - PRODUCER AGREEMENT**

NOTE:

The Department of Agriculture (USDA) will make payments under PLIP to producers who meet the requirements of the program. The following information is needed in order for USDA to make a determination that the applicant is eligible to receive a PLIP payment. By submitting this application, and upon its approval by USDA, the applicant agrees:

- 1. To comply with the applicable Notice of Funds Availability published by USDA. Copies of this document may be found at: <a href="https://www.regulations.gov">www.regulations.gov</a>.
- 2. That the applicant is any of the following:
  - A United States Citizen
  - Resident Alien; for purposes of this program, resident alien means "lawful alien"
  - A partnership of citizens or resident aliens of the United States
  - A corporation, limited liability company, or other organizational structure organized under State law solely owned by citizens or resident aliens of the U.S.
  - Indian Tribe or Tribal organization, as defined in section 4(b) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).
- 3. That the applicant is not any of the following, as defined in Notice of Funds Availability FR Doc. 2021-15295:
  - Contract grower
  - Federal, State, and local government, including public school
  - Packer
  - Livestock poultry dealer.
- 4. That the applicant meets the definition of eligible livestock or poultry owner who, as of the day the eligible livestock or poultry was depopulated, had the legal ownership of the livestock or poultry for which benefits are being requested.
- 5. To provide to USDA all information necessary to verify the applicant's ownership of the livestock and poultry on the day such livestock and poultry were depopulated, as determined by FSA, if requested. Failure of the applicant to provide the documentation to FSA within 30 days from the request will result in disapproval of the application.
- 6. To provide to USDA all information that is necessary to verify that the information provided on this form is accurate, to allow USDA representatives access to all required or supporting documents and records of the producer, as determined by FSA, and to retain documentation in support of this application for three (3) years after date of approval.
- To comply with payment attribution and payment eligibility provisions, including average Adjusted Gross Income provisions applicable to PLIP, by completing forms:
  - AD-2047, Customer Data Worksheet (if applicable)
  - CCC-902, Farm Operating Plan (NOTE: Only Parts A and B of the form are required).
  - CCC-901, Member Information for Legal Entities (if applicable)
  - CCC-941, Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information NOTE: Payment Limitation does not apply to this program.
- 8. To comply with the provisions of the Food Security Act of 1985 that protect highly erodible land and wetlands. All applicants must complete and submit form AD-1026, Highly Erodible Lance Conservation (HELC) and Wetland Conservation (WC) Certification.
- 9. To provide to USDA all information required or requested by USDA for program participation within 60 days from the date the applicant submits this application. Failure of an individual, entity, or member of an entity to timely submit all information required may result in no payment or a reduced payment.

PART B – PRODUCER INFORMATION						
5A.	5A. Producer's Name, Address (City, State, and Zip Code):					
5B.	Phone Number (Include Area Code):					

FSA-620 (07-16-2021)

PART C – LIVESTOCK OR POULTRY DEPOPULATED

6.
Livestock or Poultry

Number of Livestock or Poultry

Page 2 of 2

COC USE ONLY

8.
COC Adjusted Number of Livestock

6. Livestock or Poultry (Kind/Type/Weight Range)		7. Number of Livestock or Poultry Depopulated	8. COC Adjusted Number of Livestock or Poultry Depopulated				
·	.,		(Between March 1, 2020 and December 26, 2020)	(Between March 1, 2020 and December 26, 2020)			
	Suckling/Nursery Pigs less	than 50 lbs.	D000111501 20, 2020)	Besettibet 20, 2020)			
	Lightweight Barrows/Gilts	50 – 150 lbs.					
SWINE	Sows/Boars/Barrows/Gilts	151 – 250 lbs.					
	Sows/Boars/Barrows/Gilts	251 – 450 lbs.					
	Boars/Sows 451 lbs. or gre	ater					
	Chicks						
	Pullets/Cornish Hens less t	than 4.26 lbs.					
	Broilers/Pullets 4.26 - 6.25	lbs.					
CHICKENS	Roasters 6.26 - 7.75 lbs.						
	Super Roasters/Parts 7.76	lbs. or greater					
	Layers						
TUDICEVO	Poults						
TURKEYS	Toms/Fryers/Roasters						
PART D - REDUCTION	NS			COC USE ONLY			
I hereby certify that my CF 10, will be based on my C 16, AD-3117, that was dep application in Item 12 C.	10. COC Total Calculated Reduction for 2020 EQIP, State-Funded Program, CFAP 1 and/or CFAP 2 Payments						
	e included in CFAP I inventor e included in CFAP 2 invento						
Therefore, I understand the payment reduction(s) for he reflected in the payment reflected for discount received for discount receiv							
funded program.	special of depopulated investees.	t or poultry, notou					
\$				\$			
PART E – PRODUCER	CERTIFICATION						
11. I certify the applicant identified in Part B, item 5A is an individual person that is a U.S. Citizen or Resident Alien; or a legal entity, including corporation, LLC, LP, trust, estate, general partnership or joint venture, or similar type entity comprised solely of persons who are U.S. Citizens or Resident Aliens; or is an Indian Tribe or Tribal organization, as defined in section 4(b) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304):							
YES NO							
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.							
I hereby sign and certify that I will not apply for CFAP 1 and/or CFAP 2 assistance for hogs/pigs after the date I sign this application in Item 12 C.							
12A. Producer's Signature ( <i>By</i> )  12B. Title/Relationship of the Individual Signing in a Representative Capacity				12C. Date (MM-DD-YYYY)			
PART F - COC DETER	RMINATION (COC USE ON	ILY)					
13A. COC or Designee Signature 13B. Date (MM-DD-YY				14. Determination			
	<del>-</del>		, , ,				
				APPROVED DISAPPROVED			

In accordance with Federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, and employees 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.gow/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. USDA is an equal opportunity provider, employer, and lender.