**This form is available electronically.**

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| **CCC-899** **U.S. DEPARTMENT OF AGRICULTURE**  (04-15-14) Commodity Credit Corporation  **TREE ASSISTANCE PROGRAM APPLICATION FOR**  **TREES, BUSHES, AND VINES** | | | | | | | 1A. County FSA Name and Address *(Include Zip Code)* | | | | | |
|  | | | | | | | 1B. County FSA Office Telephone Number  *(Include Area Code)* | | | | | 1C. Program Year |
| **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 1416, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79).  The information will be used to determine eligibility for tree assistance program benefits.  The information collected on this form may be disclosed to other Federal, State, 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 tree assistance program benefits.*  *This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F – Administration). The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.* ***RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.*** | | | | | | | | | | | |
| **PART A - APPLICANT INFORMATION** | | | | | | | | | | | | |
| 2A. Applicant’s Name | | | | | 2B. Applicant’s Address *(Including Zip Code)* | | | | | | | |
| **PART B - APPLICANT’S STAND INFORMATION** | | | | | | | | | | | | |
| 3. A. I am an orchardist or nursery tree grower that planted trees for commercial purposes:  B. I did not plant the trees but have a production history for commercial purposes on the planted or existing trees: | | | | | | | | | | 4. Disaster Event | | |
| 5. Disaster Date | | 6. Crop Name | | 7. Stand Number | | | | 8. Applicant’s Share | | 9. Total Acres in Stand | | |
|  | |  | |  | | | |  | % |  | | |
| 10. Total Acres Damaged | | 11. Total Trees in Stand | | 12. Total Trees Lost | | | | 13. Total Trees Damaged | | 14. Total Replanted Trees | | |
| 15. Practice Code | | | | | | 16. Trees/Acres Requested | | | | | | |
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| **PART C - APPLICANT CERTIFICATION STATEMENT** | | | | | | | | | | | | |
| Payments under the Tree Assistance Program will be made to eligible orchardists and nursery tree growers who replant trees, bushes and vines that were grown for the commercial production of an annual crop and who suffered eligible losses due to natural disaster, adverse weather, or other environmental condition. Each producer must complete and file Form CCC-899 to be eligible to receive program benefits. By signing this application, applicant:   1. Agrees to provide FSA any documentation required to determine eligibility that verifies and supports all information provided, including the   applicant’s certification;   1. Understands the application may be disapproved if the applicant fails to provide any information requested by FSA; 2. Authorizes FSA, at any time, with or without the applicant’s presence, to enter upon, inspect and verify all acres and crops in which the applicant   has an interest;   1. Agrees to comply with, and acknowledges the applicant is subject to, all the regulations governing the program and understands that instructions and   assistance are available for completing this form;   1. Agrees to complete all replanting, rehabilitation, and other appropriate program-related activities within 12 months from the date of application   approval.  **I certify that:**  1. The above information provided by me or my legal representative is true and correct.  2. The losses occurred during the disaster date listed in Item 5.  3. If determined eligible, I will receive the lesser of: (a) 65 percent of the producer’s actual cost of replanting, in excess of 15 percent mortality (adjusted  for normal mortality), and/or 50 percent of the producer’s actual cost of rehabilitation, in excess of 15 percent damage or mortality (adjusted for normal  tree damage and mortality); or (b) the maximum eligible amount established for the practice by the Deputy Administrator.  4. I understand that this application may be disapproved if information or evidence provided is false or in error, and that civil or criminal penalties  associated with the provision of false or erroneous information could apply, including but not limited to those provided for in 18 U.S.C. 1001. | | | | | | | | | | | | |
| 17A. Applicant’s Signature (By) | | | 17B. Title/Relationship of the Individual Signing in the  Representative Capacity | | | | | | | | 17C. Date *(MM-DD-YYYY)* | |
| *The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).*  *If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at* ***http://www.ascr.usda.gov/complaint\_filing\_cust.html****, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at* ***program.intake@usda.gov****. USDA is an equal opportunity provider and employer.* | | | | | | | | | | | | |

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| **PART D - COC ACTION/DETERMINATION *(FOR FSA USE ONLY)*** | | | | | | | | | | | | | | | |
| 18. Disaster Event | 19. Disaster Date | | | | 20. Crop Name | | | | | | 21. Stand Number | | | 22. Total Determined Trees  in Stand | |
| 23. Total Determined Trees  Lost | | 24. Total Determined Trees Lost for  Payment | | | | | | | 25. Total Determined Trees Damaged | | | 26. Total Determined Damaged  Trees for Payment | | | |
| 27. Total Determined  Acres in Stand | | 28. Total Determined Damaged Acres  in Stand | | | | | | | 29. Total Determined Acres for Payment | | | 30. Total Replanted Trees | | | |
| 31. Practice Code | | | | | | | | | | 32. Trees/Acres | | | | | |
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| **PART E – COC APPROVAL OR DISAPPROVAL OF TAP LOSS AND ACRES FOR PAYMENT** | | | | | | | | | | | | | | | |
| 33A. COC Signature | | | | | | | 33B. Action:  APPROVED  DISAPPROVED | | | | | | 33C. Date *(MM-DD-YYYY)* | | |
| 34. Remarks | | | | | | | | | | | | | | | |
| **PART F – CERTIFICATION AND APPLICATION FOR PAYMENT *(To Be Completed by Applicant)*** | | | | | | | | | | | | | | | |
| 35. Disaster Event | | | 36. Disaster Date | | | | | 37. Crop Name | | | | | | | 38. Stand Number |
| 39. Practice Code | | | | 40. Trees/Acres Completed | | | | | | | | | | | 41. Actual Cost |
|  | | | |  | | | | | | | | | | | $ |
|  | | | |  | | | | | | | | | | | $ |
|  | | | |  | | | | | | | | | | | $ |
| 42A. Applicant’s Signature (By) | | | | 42B. Title/Relationship of the Individual Signing in the  Representative Capacity | | | | | | | | | | | 42C. Date  *(MM-DD-YYYY)* |
| **PART G – COC APPROVAL OR DISAPPROVAL FOR TAP PAYMENT** | | | | | | | | | | | | | | | |
| 43A. COC or Designee’s Signature | | | | | | 43B. Action:  APPROVED  DISAPPROVED | | | | | | | | | 43C. Date  *(MM-DD-YYYY)* |