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CCC-197
(12-21-17)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

**FINAL FARM STORAGE FACILITY LOAN (FSFL)
PROGRAM COST CERTIFICATION**

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 1436, 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 to participate in and receive benefits under the Farm Storage Facility Loan Program through certification of program costs. 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- 14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Farm Storage Facility Loan Program.

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.**

This form needs to be completed and signed by the loan applicants before partial or final FSFL documents can be prepared.

PART A - GENERAL INFORMATION

1. Loan Applicant's Name	2. Telephone Number (Including Area Code) (Optional)	3. FSFL Number
4. County FSA Office Name	5. County FSA Office Address (Including Zip Code)	6. Telephone Number (Including Area Code)
7. FSFL Disbursements (Check One) : ☐ Partial Disbursement ☐ Final Disbursement		

PART B – FSFL BILLS AND INVOICES (Applicants must provide information for bills and invoices received for the FSFL project)

8. Name of Vendor or Contractor	9. Total Amount of Bill	For FSA Use Only	
		10. CCC-191 Obtained (If Applicable)	
A.	\$	☐ YES	☐ NO (If "NO", provide reason in Item 18)
B.	\$	☐ YES	☐ NO (If "NO", provide reason in Item 18)
C.	\$	☐ YES	☐ NO (If "NO", provide reason in Item 18)
D.	\$	☐ YES	☐ NO (If "NO", provide reason in Item 18)
E.	\$	☐ YES	☐ NO (If "NO", provide reason in Item 18)
F.	\$	☐ YES	☐ NO (If "NO", provide reason in Item 18)
G.	\$	☐ YES	☐ NO (If "NO", provide reason in Item 18)
H.	\$	☐ YES	☐ NO (If "NO", provide reason in Item 18)
I.	\$	☐ YES	☐ NO (If "NO", provide reason in Item 18)

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions 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.gov/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.

PART C – CERTIFICATION OF FEDERAL GRANTS OR LOANS (*Borrower must answer the following questions*)

	YES	NO
11. Are there any unresolved claims or demands for payments pending with a vendor, contractor, subcontractor or material supplier in connection with the FSFL project. If "YES", provide Item numbers (<i>Items 8A through 8I</i>) of the vendor or contractor in Item 18.	☐	☐
12. Has an application been submitted, approved or paid for by any other federal governmental loans or grants on the same structure or other collateral used for this FSFL? If "YES", provide details of the loan and/or grant in Item 18. If "NO", skip Part D.	☐	☐

PART D – FEDERAL GRANT AND/OR OTHER LOAN INFORMATION

13. Total Grant Eligible Costs \$	14. Total Grant or Loan Requested \$	15. Sources - Provide the sources of funds, if a value is entered in Items 13 and/or 14
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PART E – PRODUCER CERTIFICATION**Certification:**

I certify that the information provided is true, complete, and correct to the best of my knowledge and is provided in good faith. I understand if any information is found to be false or incomplete, such finding may be grounds for denial of the FSFL. Additionally, I understand if I receive a grant or loan after the FSFL is disbursed for the same structure, or other collateral used for this FSFL, the federal grant or loan must be paid as a lump sum repayment to the outstanding FSFL.

16A. Producer's Signature (By)	16B. Title/Relationship of the Individual if Signing in a Representative Capacity	16C. Last 4 Digits of Producer's TIN	16D. Date (MM-DD-YYYY)

PART F – STC, COC OR DESIGNEE SIGNATURE (FOR FSA USE ONLY)

17A. Signature of STC, COC or Designee	17B. Title	17C. Date Approved (MM-DD-YYYY)
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18. Remarks

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