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CCC-648
(03-08-05)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

AMERICAN INDIAN LIVESTOCK FEED PROGRAM (AILFP) REGION DESIGNATION AND FEED LOSS ASSESSMENT

THIS FORM MUST BE ATTACHED TO CCC-453, "CONTRACT TO PARTICIPATE"

1. Name and Address of American Indian Tribe *(Include ZIP Code)*	
2. Contact Person	3. Telephone Number *(Include Area Code)*

NOTE: *The authority for collecting the following information is Pub. L. 108-324. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is 7 CFR Part 1439.900-.914. The information will be used to determine producer eligibility and payment amount for the American Indian Livestock Feed Program (AILFP). Furnishing the requested information is voluntary. Failure to furnish the requested information will result in nonparticipation. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. ***RETURN THIS COMPLETED FORM TO THE APPROPRIATE TRIBAL GOVERNMENT OR FSA COUNTY OFFICE. TRIBAL GOVERNMENT, RETURN THIS COMPLETED FORM TO THE DESIGNATED COUNTY FSA OFFICE.***

4. Date or Period of Natural Disaster	5. Description of Natural Disaster

6. Weighted Average Regional Loss (From Item 20 on Page 2)	%

PART A - CERTIFICATION: I certify that all the information provided on this Area Designation and Feed Loss Assessment is true and correct to the best of my knowledge.

7A. Signature of Tribal Official	7B. Title	7C. Date (MM-DD-YYYY)

8. BIA Recommendation	9. State FSA Office Name and Address *(Include ZIP Code)*
☐ **Recommended** ☐ **Not Recommended** *(Attach Documentation Supporting Decision)* ***FORWARD TO APPLICABLE STATE FSA OFFICE***	

10A. Signature of BIA Official	10B. Title	10C. Date (MM-DD-YYYY)

11. State FSA Committee Recommendation

☐ **Recommended**

☐ **Not Recommended** *(Attach Documentation Supporting Decision)*

11A. Authorized State FSA Office Signature	11B. Title	11C. Date (MM-DD-YYYY)

12. State Office, Forward All Original Documents To:

USDA/FSA/DAFP/PECD
STOP 0517
1400 INDEPENDENCE AVENUE, S.W.
WASHINGTON, DC 20250-0517

13. Remarks

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited basis apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

PART B - FEED LOSS ASSESSMENT

14. PASTURE AND NORMAL GRAZING

A. Type	B. Acres	C. Carrying Capacity	D. Normal Grazing Days	E. AUD Value	F. Value Expected AUD	G. Percent of Loss	H. Value and Loss
	÷	x	x	=	x	%=	$
	÷	x	x	=	x	%=	$
	÷	x	x	=	x	%=	$
	÷	x	x	=	x	%=	$
	÷	x	x	=	x	%=	$
				I. Total		J. Total	

15. FORAGE PRODUCTION

A. Type	B. Acres	C. Normal Yield	D. Cost Per Unit	E. Value Normal Production	F. Percent of Loss	G. Value Production Loss
	x	x	$ =	$ x	%=	$
	x	x	$ =	$ x	%=	$
	x	x	$ =	$ x	%=	$
	x	x	$ =	$ x	%=	$
	x	x	$ =	$ x	%=	$
			H. Total		I. Total	

16. FEED GRAIN PRODUCTION

A. Type	B. Acres	C. Normal Yield	D. Cost Per Unit	E. Value Normal Production	F. Percent of Loss	G. Value Production Loss
	x	x	$ =	$ x	%=	$
	x	x	$ =	$ x	%=	$
	x	x	$ =	$ x	%=	$
	x	x	$ =	$ x	%=	$
	x	x	$ =	$ x	%=	$
			H. Total		I. Total	

17. OTHER ROUGHAGE

A. Type	B. Acres	C. Normal Yield	D. Cost Per Unit	E. Value Normal Production	F. Percent of Loss	G. Value Production Loss
	x	x	$ =	$ x	%=	$
	x	x	$ =	$ x	%=	$
	x	x	$ =	$ x	%=	$
	x	x	$ =	$ x	%=	$
	x	x	$ =	$ x	%=	$
			H. Total		I. Total	

18. Total Value Expected *(Sum of Items 14I, 15H, 16H, 17H)*	19. Total Value Loss *(Sum of Items 14J, 15I, 16I, 17I)*	20. Weighted Average Loss *(Sum of Item 19 Divided by 18)*
$	$	%