

CCC-743 (10-18-06) 2005 DAIRY DISASTER ASSISTANCE PAYMENT (DDAP-II) PROGRAM APPLICATION	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. State Code	2. County Code
		3. Application Date <i>(MM-DD-YYYY)</i>	4. Application Number

PART A - PRODUCER INFORMATION

5A. Name of Dairy Operation <i>(Prepare 1 application per dairy operation)</i>	5B. Contact Producer's Name and Address <i>(Including Zip Code)</i>
5C. Email Address	5D. Telephone No. <i>(Including Area Code)</i>

PART B - HURRICANE KATRINA AND HURRICANE RITA LOSSES

NOTE: If your herd size increased since July 1, 2005, as a result of adding cows to the dairy operation milk herd, complete the worksheet for cows added to the herd in Part F, and do not complete Item 6D. If you complete this part (Part B) **DO NOT** complete Part C of this application.

Month	6A. Pounds Marketed	6B. Pounds Dumped	FOR CCC USE ONLY	
			6C. Production Adjustment from Worksheet	6D. Total Marketed and Dumped Production after Adjustment
July	lbs.	lbs.	lbs.	lbs.
August	lbs.	lbs.	lbs.	lbs.
September	lbs.	lbs.	lbs.	lbs.
October	lbs.	lbs.	lbs.	lbs.
November	lbs.	lbs.	lbs.	lbs.
December	lbs.	lbs.	lbs.	lbs.

7. Use Items 7A through 7F to calculate the production losses for the dairy operation:

7A. Base Month <i>(July 2005)</i> Marketed Production <i>(Enter July lbs. from Item 6A)</i>	7B. Downward Adjustment Percentage <i>(Multiply each percentage times Item 7A)</i>	7C. Seasonal Reduction for Month <i>(Enter the result of Item 7A times Item 7B)</i>	7D. New Base Production <i>(Item 7A minus Item 7C), except for December enter Item 7A base month pounds only</i>	7E. Monthly Production <i>(Enter Item 6D results for months of Aug. thru Dec.)</i>	7F. Calculated Production Losses <i>(Item 7D minus Item 7E). (If result for any month is negative enter zero ("0") for that month)</i>
lbs.	August	8%			
	September	17%			
	October	11%			
	November	6%			
	December				

8. Total calculated production losses from Item 7F for the dairy operation:	lbs.
9. Total cumulative pounds of dumped production from Item 6B:	lbs.
10. Total production and spoilage losses for the dairy operation from Items 8 and 9:	lbs.

PART C - HURRICANE OPHELIA AND HURRICANE WILMA DAIRY LOSSES (Continued on next page)

NOTE: If your herd size increased since September 1, 2005, as a result of adding cows to the dairy operation milk herd, complete the worksheet for cows added to the herd in Part F, and do not complete Item 11D. If you complete this part (Part C) **DO NOT** complete Part B or this application. If you are claiming losses from a combination of Hurricanes Katrina, Rita, Ophelia, and Wilma **ONLY** complete Part B for all losses.

Month	11A. Pounds Marketed	11B. Pounds Dumped	FOR CCC USE ONLY	
			11C. Production Adjustment from Worksheet	11D. Total Marketed and Dumped Production after Adjustment
September	lbs.	lbs.	lbs.	lbs.
October	lbs.	lbs.	lbs.	lbs.
November	lbs.	lbs.	lbs.	lbs.
December	lbs.	lbs.	lbs.	lbs.

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PART C - HURRICANE OPHELIA AND HURRICANE WILMA DAIRY LOSSES (Continued)

12. Use Items 12A through 12D to calculate the production losses for the dairy operation:

12A. Base Month (September 2005) Marketed Production (Enter Sep. lbs. from Item 11A)	12B. Month	12C. Monthly Production (Enter Item 11D results for months of Oct. thru Dec.)	12D. Calculated Production Losses (Item 12A minus Item 12C) (If result for any month is negative enter zero ("0") for that month)
lbs.	October		
	November		
	December		
13. Total calculated production Losses from Item 12D for the dairy operation as a result of the 2005 Hurricane Wilma or Hurricane Ophelia:			lbs.
14. Total cumulative pounds of dumped production from Item 11B:			lbs.
15. Total production and spoilage losses for the dairy operation as a result of 2005 Hurricane Wilma or Hurricane Ophelia from Items 13 and 14:			lbs.

PART D - PRODUCER CERTIFICATION

I certify that all the information entered on this application is true and correct and all persons in this operation have submitted adequate production evidence to verify dairy production and spoilage losses suffered by the dairy operation as a result of hurricanes Katrina, Ophelia, Rita, and/or Wilma in 2005. I hereby apply for payment to the extent that the County FSA Committee determines I am eligible to receive and I understand that if funding is insufficient to compensate eligible producers for eligible losses, then the Commodity Credit Corporation (CCC) will pay losses at two levels according to 7 CFR Part 1430, Subpart E, in an effort to more equitably distribute the limited funds and maximize the effectiveness of the program. Further, I understand if a national factor is applied, the application amount is subject to reduction. In addition, I understand that proper documentation of spoiled milk production dumped on the farm as a result of the 2005 hurricanes is required for payment to the satisfaction of the County FSA Committee, and that if the dairy operation was compensated for that dumped milk production by a dairy marketing cooperative or milk handler it may be the responsibility of the producer and not the responsibility of the CCC to reimburse the milk handler or cooperative. I further understand that this program is subject to the rules found 7 CFR Part 1430, Subpart E. I understand that I can be denied payments based on any inaccuracy in this certification and application. I understand that payments are subject to conditions and limits imposed by regulation and CCC and that this is an application only. Providing a false certification to the Government is punishable by imprisonment, fines, or other penalties. All information provided herein is subject to verification by CCC. The criminal and civil fraud statutes that apply to this certification, may include 15 USC 714m, 18 USC 286, 297, 371, 641, 651, and 1001; and 31 USC. Other authorities may apply.

16. Producer's Signature	17. Producer's (9-digit TIN/SSN/EIN)	18. Date Signed (MM-DD-YYYY)	19. Share	20. Refuse Payment?	
				YES	NO
			%		
			%		
			%		
			%		

NOTE: The authority for collecting the following information is Pub. L. 109-234, 120 Stat. 474. 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 15 minutes 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 authorized by the Emergency Agricultural Disaster Assistance Act of 2006 (Pub. L. 109-234). The information will be used to establish eligibility and determine payment amounts for dairy operations located in Presidential and Secretarial declared disaster counties, and counties contiguous, when requesting benefits under the 2005 Dairy Disaster Assistance Payment (DDAP-II) Program due to 2005 hurricanes Katrina, Ophelia, Wilma, and Rita, and related conditions. Furnishing the requested information is voluntary, however failure to furnish the requested information will result in a determination of ineligibility for DDAP-II Program benefits unless this report is completed and filed as required by existing law and regulations (7 CFR Part 1430). 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 or to other request for information. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001, 1004 and 31 USC 3729, may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

PART E - COC DETERMINATION

21. Name of COC Designee	22. Title of COC Designee
23. Signature of COC Designee	24. Date Signed (MM-DD-YYYY)
25. Application Status: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
26. County FSA Office Name and Address (Including Zip Code)	27. County FSA Office Telephone Number (Including Area Code)

PART F - WORKSHEET FOR COWS ADDED TO DAIRY HERD

A. Enter the total number of milk cows in the dairy herd on the 1st of each corresponding month. For each day thereafter, enter the number of new cows added each day as applicable. (Do not include cows reduced from the dairy herd).

Day	July	August	September	October	November	December
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
B. Total Cows Added						

NOTE: The County FSA Office will input the data entered into the DDAP-II Worksheet Calculator to compute the production adjustment credit for cows added to the dairy operation's milk herd during the applicable disaster period after the 1st day of the base month applicable to each Hurricane disaster. The calculation is based on the average change in the number of milk cows in dairy herd from the first day of the applicable base period month divided by actual pounds of production marketed during each corresponding month to determine the monthly output per cow, which is multiplied by the average change in milk cows from the 1st day of the base month to determine the total production adjustment credit.