

This form is available electronically.

<b>FSA-373</b> (04-28-10) <span style="margin-left: 100px;"> <b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency         </span>  <b>DAIRY INDEMNITY PAYMENT PROGRAM (DIPP)</b> <b>APPLICATION</b>	1. State Code	2. County Code
	3. Application Number	4. Application Date
	5. Fiscal Year	

**PART A – APPLICANT INFORMATION (One application MUST be completed for ALL Producers on one dairy operation.)**

6. Name and Address of Dairy Operation (Include Zip Code)	7A. Contact Producer's Name and Address, (If different from Item 5) (Include Zip Code)
	7B. Telephone No. (Include area code):

**PART B – DAIRY OPERATION INFORMATION**

	8. Base Period	9. Claim Period	10. Normal Milking Practice							
A. Dates (MM-DD-YYYY) to (MM-DD-YYYY)			A. No. of Milkings Per Day	B. Time of Daily Milkings			C. Time of Day Milk is Picked-Up			
B. Number of Cows Milked										
C. Pounds Marketed			D. Frequency of Milk Pick-ups			<input type="checkbox"/> Daily	<input type="checkbox"/> Every Other Day	<input type="checkbox"/> Other		
D. Days Marketed in Month			E. If Other, indicate frequency							

**PART C – CONTAMINATION INFORMATION**

11. Contaminating Substance	YES	NO	12. Contaminated Cows	YES	NO	13. Contaminated Feeds	YES	NO
A. Name of contaminating substance?			A. Did you purchase any cows recently?			A. Did you purchase feed that could have caused this contamination?		
B. Did you use the substance on your farm in the past 24 months?			B. If "YES", did you receive a certificate of purity from the seller of the cows?			B. If "YES", did you receive a certificate of purity from the seller of the feed?		
C. If "YES", was it used according to instructions on the label?			C. Did you know or have reason to believe that such cows were carrying residues of a harmful substance?			C. Did you know or have reason to believe that the contaminated feed contained a harmful substance?		
14A. Have you been compensated for this contamination from any other source, including, a loan from your co-op or handler, or sale to another market, for which funds have not been refunded from the source? <input type="checkbox"/> YES <input type="checkbox"/> NO			14B. If "YES", name the source.			14C. If "YES", payment amount received. \$		
15. Date milk removed from the commercial market (MM-DD-YYYY).			16. Date reinstated to the commercial market (MM-DD-YYYY).					

**PART D – PARTICIPANT CERTIFICATION AND SIGNATURE(S)**

*This application is to participate in the Dairy Indemnity Payment Program and is entered into between the Commodity Credit Corporation (CCC) and the undersigned producers identified in the dairy operation identified above. The undersigned producer or producers may hereafter collectively be referred to as "the Participant". The participant certifies that all the information entered on this application is true and correct and that the participant was a producer of whole milk that was removed from the commercial market during the time period indicated above pursuant to the detection of pesticide residues, other residues of chemicals or toxic substances residue, or contamination from nuclear radiation or fallout in such whole milk by tests made by a public agency or under a testing program deemed adequate for the purpose by a public agency. The participant further certifies to the accuracy of the contaminating substance and the removal and reinstatement dates identified above, and agrees that such information will be used by CCC to calculate the payment amount. The participant hereby applies for payment to the extent that the County FSA Committee determines the participant is eligible to receive payment and understands that payment of indemnity claims will be contingent upon the availability of funds to the U.S. Department of Agriculture to pay such claims. In addition, the participant understands that, if necessary, their dairy operation may be required to provide any information that may be required to determine program eligibility and loss production, to the satisfaction of the County FSA Committee. The participant further understands that this program is subject to the rules found in 7 CFR Part 760, Subpart A, and understands that this application must be received no later than the deadline date established by CCC. The participant understands that they can be denied payments based on any inaccuracy in this certification and application and that the payment issued to the dairy operation may be reduced by the percentage of interest of an ineligible member's actual share of the entity and not their share of the production. The participant understands that payments are subject to conditions 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 286 714m, 18 USC 286, 297, 371, 641, 651, and 1001; and 31 USC. Other authorities may apply.*

17. Producer's Signature (By)	18. Title/Relationship of Individual Signing in the Representative Capacity	19. Producer's Tax ID Number (Last 4 Digits)	20. Date Signed (MM-DD-YYYY)	21. Share	22. Refused Payment?	
					YES	NO
				%		
				%		
				%		
				%		

**PART E – CCC ACCEPTANCE AND APPROVAL**

23. Application Status: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (If disapproved, complete Item 25)	24A. Name and Address of County FSA Office (Include Zip Code)	24B. Telephone Number (Including Area Code)
25. Justification for Disapproval		
26A. Signature of COC Designee	26B. Title of COC Designee	26C. Date Signed (MM-DD-YYYY)
27A. Signature of Second-Party Reviewer	27B. Title of Second-Party Reviewer	27C. Date Signed (MM-DD-YYYY)
28. Additional Remarks		
<p><b>NOTE:</b> The primary authority for requesting and safeguarding the information described on this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). Additionally, the authority for requesting this information is for 7 CFR Part 760, Subpart A. The information will be used by CCC to establish eligibility and determine payment amounts with respect to benefits under the Dairy Indemnity Payment Program Application. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for program benefits and other financial assistance administered by USDA. The information collected as a result of this form may be released to USDA contractors, or authorized USDA cooperators who are bound to safeguard the information under Section 1619 of the Food, Conservation, and Energy Act of 1974, the E-Government Act of 2002, and related authorities.</p> <p>This information collection is exempted from the Paperwork Reduction Act, as it is required for administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F – Administration. The provisions of criminal, civil, and privacy statutes may be applicable to the information provided. The time required to complete this information collection is estimated to average 30 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. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b></p>		

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases 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 to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

**PART F – CALCULATION TO DETERMINE DAYS OFF MARKET (For CCC Use Only)**

29. Calendar to manually determine days off of the market.

A. Day	B. Time of Day	A. Day	B. Time of Day	A. Day	B. Time of Day
1	AM PM	12	AM PM	23	AM PM
2	AM PM	13	AM PM	24	AM PM
3	AM PM	14	AM PM	25	AM PM
4	AM PM	15	AM PM	26	AM PM
5	AM PM	16	AM PM	27	AM PM
6	AM PM	17	AM PM	28	AM PM
7	AM PM	18	AM PM	29	AM PM
8	AM PM	19	AM PM	30	AM PM
9	AM PM	20	AM PM	31	AM PM
10	AM PM	21	AM PM	C. TOTAL DAYS OFF MARKET	
11	AM PM	22	AM PM		

**PART G – CALCULATION TO DETERMINE CLAIM PERIOD NET PAYMENT PRICE (For CCC Use Only)**

	AMOUNT
30. Gross Payment Price (Actual price producer received)	\$
31. Promotional Fees (Paid during claim period) <b>(Subtract)</b>	\$
32. Hauling Fees (The hauling fees paid during claim period). <b>(Subtract)</b>	\$
33. Net Payment Price (The result of Item 30 <b>LESS</b> Items 31 and 32.)	\$

**PART H – CALCULATION TO DETERMINE AVERAGE PRODUCTION PER COW PER DAY (For CCC Use Only)**

34. Base Period Production (From Item 8C)	35. Base Period No. of Cows Milked (From Item 8B)	36. Base Period Average Production Per Cow	37. Base Period Days Marketed (From Item 8D)	38. Average Production Per Cow Per Day
÷	=	÷	=	lbs.

**PART I – CALCULATION TO DETERMINE TOTAL PAYMENT DUE FOR CLAIM PERIOD (For CCC Use Only)**

39. Days Off Market (From Item 29C)	40. Cows Milked (From Item 9B)	41. Avg. Production/Cow Per Day (From Item 38)	42. Calculated Production Loss from Claim Period	43. Net Payment Price (From Item 33)	44. Payment Due
X	X	=	X	=	\$
45. Non-refundable payments advanced to farmer for milk removed. (From Item 14C)					\$
46. Off-Set					\$
47. Total Payment Due Applicant					\$