

FSA-384
(10-22-04)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

EWE LAMB REPLACEMENT/RETENTION PAYMENT PROGRAM APPLICATION

(See Page 2 for Privacy Act and Public Burden Statements.)

PART A - GENERAL INFORMATION

1. Name of Sheep and Lamb Operation <i>(A separate FSA-384 must be completed for each sheep and lamb operation.)</i>	2. State Code	3. County Code	4. Application Number
5A. Contact Producer's Name and Address <i>(Including Zip Code)</i>	6A. Name and Address of County FSA Office <i>(Including Zip Code)</i>		
5B. Telephone Number <i>(Including Area Code):</i>	6B. Telephone Number <i>(Including Area Code):</i>		

PART B - EWE LAMB ELIGIBILITY QUESTIONS. (IF YOUR ANSWERS TO QUESTIONS 7, 11 OR 12 ARE "NO", YOU ARE NOT ELIGIBLE FOR PAYMENT. ANY LAMB WHICH WOULD PRODUCE A "NO" ANSWER FOR QUESTION 9, OR "YES" FOR QUESTIONS 8 OR 10 CANNOT GENERATE A PAYMENT AND IS NOT A QUALIFYING EWE LAMB.

	YES	NO
7. Did the sheep and lamb operation purchase or retain ewe lambs not older than 18 months of age for breeding purposes at any time during the period from August 1, 2003, through July 31, 2004?		
8. Did the ewe lambs purchased or retained during the period from August 1, 2003, through July 31, 2004, produce an offspring before the ewe lambs were purchased or before the decision was made to retain the ewe lambs, or before August 1, 2003, or generate a payment under the Lamb Meat Adjustment Assistance Program?		
9. Were the ewe Lambs purchased or retained during the period of August 1, 2003, through July 31, 2004, identified according to Animal Plant and Health Inspection Service specifications as described in 9 CFR Part 79 and in accordance with State identification requirements?		
10. Do any of the ewe lambs that produced a "YES" answer to question 7 currently possess any of the following characteristics: A. Parrot Mouth? B. Foot Rot? C. Scrapie?		
11. Do you understand that the sheep and lamb operation must have retained the qualifying ewe lambs in the operation's herd for at least one complete offspring lambing cycle as defined by FSA and meet other conditions imposed by regulation or FSA. Limits on payments may apply. (Further information is available from the FSA office.)		
12. Do you understand that the sheep and lamb operation must retain documentation of any death loss of qualifying ewe lambs?		

PART C - EWE LAMB TOTAL

	Number of Head
13. Number of head of qualifying ewe lambs purchased or retained during the period of August 1, 2003 through July 31, 2004.	

PART D - PRODUCER CERTIFICATION

I certify that all the information entered on this application is true and correct and all persons involved in this operation have submitted the qualifying number of ewe lambs in the operation and neither they nor others received funds under the Lamb Meat Adjustment Assistance Program for the same ewe lambs. 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 FSA and that this is an application only. In addition, I certify that the qualifying number of ewe lambs in the operation met all of the eligibility requirements. I also certify that my sheep and lamb operation is engaged in the business of producing and marketing agricultural products. To ensure that all program eligibility requirements are met for this sheep and lamb operation, I understand that my sheep and lamb operation may be selected for spot check. If my sheep and lamb operation is selected for spot check, I may be required to provide any information that may be required to determine program eligibility. Any lamb having parrot mouth, foot rot, or scrapie at a spot check will be ineligible for payment irrespective of the condition at the time of this certification. Providing a false certification to the Government is punishable by imprisonment, fines, or other penalties. All information provided herein is subject to verification by the Farm Service Agency. The provision of criminal and civil fraud statutes that apply to this certification, includes 18 USC 286, 297, 371, 641, 651,1001 and 1014; and 31 USC 3729.

14. Producer's Signature	15. Producer's (9-digit TIN/SSN/EIN)	16. Date Signed (MM-DD-YYYY)	17. Share	18. Refuse Payment ?	
				YES	NO
			%		
			%		
			%		
			%		

PART E - COC DETERMINATION

19. Name of COC Designee

20. Signature of COC Designee	21. Title	22. Date (MM-DD-YYYY)
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23. Application Status (Check appropriate box below):

Approved Disapproved

24. Remarks

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority requesting the following information is authorized by Section 32 of the Act of August 24, 1935, as amended (7 USC 612c). The information will be used to establish eligibility and determine payment amounts for sheep and lamb operations in the United States. Failure to furnish the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility. 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 persons requesting the information under Federal law statutes and other authorities. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001, and 31 USC 3729, may be applicable to the information provided.*

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0246. The time required to complete this information collection is estimated to average 10 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. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

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