

FSA-376 (09-07-23) U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency MILK LOSS APPLICATION	1. Admin State		2. Admin County	
	Name	Code	Name	Code
	3. Program Year		4. Application Number	

PART A – APPLICANT INFORMATION					
5A. Producer or Dairy Operation Name			6A. Contact Name and Address (Including Zip Code) (Optional)		
5B. Information Line					
5C. Address Line 1		5D. Address Line 2			
5E. City	5F. State	5G. Zip Code			
5H. Telephone No. (Include Area Code)		5I. Mobile Phone No. (Include Area Code)	6B. Contact Telephone Number (Include area code) (Optional)		
5J. Email:					

PART B – DAIRY OPERATION INFORMATION					
	7. Base Period	8. Claim Period	9. Normal Milking Practice		
A. Applicable Month			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 – MILK LOSS					
10. How many days of milk loss are being claimed? (Number of days milk was removed or dumped including concurrent days milk was removed or dumped.)					
11. Was there a prior month Milk Loss claim? <input type="checkbox"/> YES <input type="checkbox"/> NO. If "YES", how many days were claimed?					
12. What type of weather event occurred that caused the milk loss?					
13. How large an area was affected by the weather event? (Example: county, state, multi-state)					
14. Was the milk measured before it was dumped? <input type="checkbox"/> YES <input type="checkbox"/> NO. If "YES", how many pounds of milk were dumped?				Lbs.	
15. Describe any other important detail of the milk loss event.					
16A. Have you received (and not refunded) compensation for this milk loss from any source? Sources include but are not limited to: A loan or payment from your Co-op or milk handler, insurance indemnity; milk sales to another market. <input type="checkbox"/> YES <input type="checkbox"/> NO					
16B. If "YES", name the source.			16C. If "YES", payment amount received. \$		

PART D – MILK PRICE INFORMATION		AMOUNT
17. Gross Payment Price (Actual price producer received per cwt.)		\$
18. Hauling Fees (Hauling fees paid during claim period per cwt.)		\$

DATE STAMP

PART E – PARTICIPANT CERTIFICATION AND SIGNATURE(S)

This application is to participate in the Milk Loss Program and is entered into between the Farm Service Agency (FSA) 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 milk that was removed from the commercial market due to weather-related event preventing transportation of the milk or weather-related event causing a power outage or structural damage causing milk to be unmerchantable due to drought, wildfire, hurricanes, floods, smoke exposure, derecho, excessive heat, winter storm, and freeze including polar vortex, occurring in calendar years 2020, 2021 and 2022. (Tornado weather events are eligible for 2022 only) The participant further certifies to the accuracy of the removal and reinstatement dates identified above and agrees that such information will be used by FSA 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 is required to provide any information that is requested by FSA or required by regulation to determine program eligibility and milk losses, 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 FSA. 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. The participant understands that payments are subject to conditions imposed by regulation and FSA 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 FSA. 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. Other authorities may apply.

19. I certify the applicant identified in Part A, Item 5 is an individual person that is a U.S. Citizen or Resident Alien; or a legal entity, including corporation, LLC, LP, trust, estate, general partnership or joint venture, or similar type entity comprised solely of persons who are U.S. Citizens or Resident Aliens; or is an Indian Tribe or Tribal organization, as defined in Section 4(b) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304):

YES NO

I hereby sign and acknowledge, under penalty of perjury, in accordance with 28 U.S.C. § 1746 and 18 U.S.C. § 1621, that the foregoing is true and correct.

20A. Producer’s Signature (By)	20B. Title/Relationship of Individual Signing in the Representative Capacity	20C. Date Signed (MM-DD-YYYY)	20D. Shares	20E. Refuse Payment?	
				YES	NO
			0.00	<input type="checkbox"/>	<input type="checkbox"/>
			0.00	<input type="checkbox"/>	<input type="checkbox"/>
			0.00	<input type="checkbox"/>	<input type="checkbox"/>

PART F – COC DETERMINATION

21. Application Status: APPROVED DISAPPROVED (If disapproved, complete Item 22)

22. Justification for Disapproval

23A. Signature of COC or Designee	23B. Title of COC or Designee	23C. Date Signed (MM-DD-YYYY)
24A. Signature of Second-Party Reviewer	24B. Title of Second-Party Reviewer	24C. Date Signed (MM-DD-YYYY)

25. Additional Remarks

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 the Pub. L. 117 - 43, the Extending Government Funding and Delivering Emergency Assistance Act and the Pub. L. 117-328, Disaster Relief Supplemental Appropriations Act, 2023. The information will be used to (provide payments to eligible producers that apply for the Milk Loss Program. 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-2, Farm Records File (Automated) and 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 for program benefits and other financial assistance administered by USDA.

Public Burden Statement (Paperwork Reduction Act): Public reporting burden for this collection is estimated to average 30 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection or FSA may not conduct or sponsor a collection of information unless it displays a valid OMB control number of 0503-0028 **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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, audiotope, 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.