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CCC-899 (04-15-14) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation TREE ASSISTANCE PROGRAM APPLICATION FOR TREES, BUSHES, AND VINES	1A. County FSA Name and Address (Include Zip Code)	
	1B. County FSA Office Telephone Number (Include Area Code)	1C. Program Year

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 7 CFR Part 1416, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility for tree assistance program benefits. 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). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for tree assistance program benefits.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F – Administration). The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

PART A - APPLICANT INFORMATION

2A. Applicant's Name	2B. Applicant's Address (Including Zip Code)
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PART B - APPLICANT'S STAND INFORMATION

3. A. I am an orchardist or nursery tree grower that planted trees for commercial purposes: <input type="checkbox"/>				4. Disaster Event
B. I did not plant the trees but have a production history for commercial purposes on the planted or existing trees: <input type="checkbox"/>				
5. Disaster Date	6. Crop Name	7. Stand Number	8. Applicant's Share %	9. Total Acres in Stand
10. Total Acres Damaged	11. Total Trees in Stand	12. Total Trees Lost	13. Total Trees Damaged	14. Total Replanted Trees
15. Practice Code			16. Trees/Acres Requested	

PART C - APPLICANT CERTIFICATION STATEMENT

Payments under the Tree Assistance Program will be made to eligible orchardists and nursery tree growers who replant trees, bushes and vines that were grown for the commercial production of an annual crop and who suffered eligible losses due to natural disaster, adverse weather, or other environmental condition. Each producer must complete and file Form CCC-899 to be eligible to receive program benefits. By signing this application, applicant:

1. Agrees to provide FSA any documentation required to determine eligibility that verifies and supports all information provided, including the applicant's certification;
2. Understands the application may be disapproved if the applicant fails to provide any information requested by FSA;
3. Authorizes FSA, at any time, with or without the applicant's presence, to enter upon, inspect and verify all acres and crops in which the applicant has an interest;
4. Agrees to comply with, and acknowledges the applicant is subject to, all the regulations governing the program and understands that instructions and assistance are available for completing this form;
5. Agrees to complete all replanting, rehabilitation, and other appropriate program-related activities within 12 months from the date of application approval.

I certify that:

1. The above information provided by me or my legal representative is true and correct.
2. The losses occurred during the disaster date listed in Item 5.
3. If determined eligible, I will receive the lesser of: (a) 65 percent of the producer's actual cost of replanting, in excess of 15 percent mortality (adjusted for normal mortality), and/or 50 percent of the producer's actual cost of rehabilitation, in excess of 15 percent damage or mortality (adjusted for normal tree damage and mortality); or (b) the maximum eligible amount established for the practice by the Deputy Administrator.
4. I understand that this application may be disapproved if information or evidence provided is false or in error, and that civil or criminal penalties associated with the provision of false or erroneous information could apply, including but not limited to those provided for in 18 U.S.C. 1001.

17A. Applicant's Signature (By)	17B. Title/Relationship of the Individual Signing in the Representative Capacity	17C. Date (MM-DD-YYYY)
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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

PART D - COC ACTION/DETERMINATION (FOR FSA USE ONLY)

18. Disaster Event	19. Disaster Date	20. Crop Name	21. Stand Number	22. Total Determined Trees in Stand
23. Total Determined Trees Lost	24. Total Determined Trees Lost for Payment	25. Total Determined Trees Damaged	26. Total Determined Damaged Trees for Payment	
27. Total Determined Acres in Stand	28. Total Determined Damaged Acres in Stand	29. Total Determined Acres for Payment	30. Total Replanted Trees	
31. Practice Code		32. Trees/Acres		

PART E – COC APPROVAL OR DISAPPROVAL OF TAP LOSS AND ACRES FOR PAYMENT

33A. COC Signature	33B. Action: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	33C. Date (MM-DD-YYYY)
34. Remarks		

PART F – CERTIFICATION AND APPLICATION FOR PAYMENT (To Be Completed by Applicant)

35. Disaster Event	36. Disaster Date	37. Crop Name	38. Stand Number
39. Practice Code		40. Trees/Acres Completed	41. Actual Cost
			\$
			\$
			\$
42A. Applicant's Signature (By)	42B. Title/Relationship of the Individual Signing in the Representative Capacity		42C. Date (MM-DD-YYYY)

PART G – COC APPROVAL OR DISAPPROVAL FOR TAP PAYMENT

43A. COC or Designee's Signature	43B. Action: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	43C. Date (MM-DD-YYYY)
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