

FSA-229-1 (05-18-10) TRADE ADJUSTMENT ASSISTANCE (TAA) FOR FARMERS PROGRAM APPLICATION	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	1A. State and County Codes	2. Application Number
		1B. Congressional District	
		3. Announced Application Deadline	4. Date Received by FSA

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 1580 and the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5). The information will be used to determine eligibility for benefits provided by the Trade Adjustment Assistance for Farmers 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). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for participation in the Trade Adjustment Assistance for Farmers program.*

*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 0551-0040. The time required to complete this information collection is estimated to average 45 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 provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR FSA COUNTY OFFICE.***

Instructions: Producers use this form to apply for training and cash benefits under the Trade Adjustment Assistance Program for Farmers.

PART A – APPLICANT INFORMATION

5A. Applicant's Name and Address (Including Zip Code)	6. Name and Address of Farm Operation (If different from Item 5) (Including Zip Code)
5B. Applicant's E-Mail Address:	
5C. Applicant's Telephone Number (Include Area Code):	

PART B – TAA FOR FARMERS PETITION FOR WHICH BENEFITS ARE REQUESTED

7. Commodity/State	8. Petition Number	9. Petition Filing Date	10A. Petition Certification Date
			10B. Deadline for Completion and Approval of Business Plans

PART C – APPLICANT ELIGIBILITY INFORMATION – To establish eligibility, an applicant must answer Items 11A through 11D and complete entries under 1 of the 3 eligibility options listed in Item 11 below:

11. Production, Price and TAA benefit information to be completed by the Applicant:	YES	NO
A. Has applicant received benefits under another TAA for Farmers Program?		
B. Has applicant received benefits under either the TAA for Workers or FIRMS Programs?		
C. Did the applicant produce the petition commodity in the petition marketing year (MY)?		
D. Did the applicant produce the commodity in one of the 3 years prior to the petition MY?		
OPTION 1: Is applicant's production quantity in petition year less than production in the most recent prior year?		
E. Production quantity for the petition MY.		
F. Production quantity for the most recent year of the 3 years prior to the petition MY.		
OPTION 2: Is applicant's average price in petition marketing year less than average price received from the 3 most recent prior years?		
G. Average price received by producer for production from petition MY.		\$
H. Price received by producer for production from most recent year prior to petition MY.		\$
I. Price received by producer for production from 2 nd most recent year prior to petition MY.		\$
J. Price received by producer for production from 3 rd most recent year prior to petition MY.		\$
K. Sum of prices received from the 3 MYs most recently prior years (add entries from Items 11H, 11I, and 11J).		\$
L. Average of 3 prices: Divide entry in Item 11K by 3.		\$
OPTION 3: Was the County price for producers on petition filing date less than the average price for the prior 3 marketing years?		
M. USDA county price (or other price if USDA price not available) for the commodity on the petition filing date.		\$
N. Average USDA county price (or other price if USDA price not available) for the 3 MYs immediately prior to the petition filing date.		\$

PART D – APPLICANT CERTIFICATION AND SIGNATURE(S)

The undersigned producer hereby applies for benefits under the Trade Adjustment Assistance for Farmers (TAAF) Program and agrees to comply with the eligibility requirements established by the TAAF statutory authority and program regulations in 7 CFR Part 1580 to obtain program benefits. The applicant acknowledges that eligibility may be denied based on one or more of the following requirements: (1) the applicant must have had adjusted gross farm and non-farm income within statutory limits and must have complied with cash-rent tenant, conservation compliance, and controlled substance regulations; (2) business-plan disbursements are limited by statutory payment limits and may be reduced by a uniform factor established by CCC so that total program outlays do not exceed statutory limits; (3) payments are subject to provisions of the Debt Collection Improvement Act; (4) eligibility is governed by Federal Crop Insurance Fraud provisions; (5) provisions regarding permitted entity, person determinations, and state and local government entity determinations may apply; (6) receipt of business-plan payments is contingent upon the approval by the Farm Service Agency of an initial and/or final business plan by the date shown in Item 10B; and (7) any TAAF application must be received no later than the deadline date announced for each certified commodity and shown in Item 3 of this application. The undersigned applicant certifies that: (1) all the information entered on this application is true and correct and that the applicant was a producer of the petition commodity during the petition crop year and one of the immediate preceding 3 crop years; and (2) the applicant did not receive cash benefits under the TAA for Workers or TAA for Firms programs, or TAAF benefits under another commodity petition. The applicant understands that providing a taxpayer identification number and type is voluntary but that benefits cannot be provided without this information. The applicant agrees, if requested, to provide: (1) any documentation required to determine program eligibility to the satisfaction of the County FSA Committee, and (2) responses to program evaluation of impacts on employment and business changes. The applicant understands that providing a false certification to the U.S. Government is punishable by imprisonment, fines or other penalties. 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.

12. Applicant's Signature	13. Alternative Family Member or Entity Representative Authorized to Attend Training (P) Primary : (S) Secondary	14A. Tax ID Number	14B. Tax ID Type	15. Date Signed (MM-DD-YYYY)	16. Refused Payment?	
					YES	NO
	(P)					
	(S)					

PART E - CCC REVIEW OF SUBMITTED PRODUCTION AND PRICE INFORMATION

17. Review Item 11 and enter a checkmark for Items A, B, and C and complete one of the 3 options listed as D, E, and F below:	YES	NO
A. Was application filed within the 90-day application period? (See dates entered in Items 3 and 4.)?		
B. Did applicant have production in the petition MY (See Item 11C)?		
C. Did the applicant produce the commodity in one of the 3 years prior to the petition MY (See Item 11D)?		
OPTION 1.		
D. Is the quantity in Item 11E less than the quantity in Item 11F?		
OPTION 2.		
E. Is the price in Item 11G less than the 3-year average price in Item 11L?		
OPTION 3.		
F. Is the price in Item 11M less than the price in Item 11N?		

PART F – CCC DETERMINATION OF APPROVAL FOR TRAINING

18. For application approval, the answers to the following questions in Items 11 and 17 must be:		
A. "YES", for questions "A", "B", and "C" in Item 17.		
B. "YES", to at least one of questions "D", "E", or "F" in Item 17.		
C. "NO", for both questions "A" and "B" in Item 11.		
19. Application Status: APPROVED <input type="checkbox"/> REFER TO FAS <input type="checkbox"/> (If not approved, complete Item 20)		
20. Justification for Referral to FAS:		
21A. Name and Address of County FSA Office (Including Zip Code)		21B. Telephone Number (Including Area Code)
22A. Signature of COC Representative	22B. Title of COC Representative	22C. Date Signed (MM-DD-YYYY)
23A. Signature of Second-Party Reviewer	23B. Title of Second-Party Reviewer	23C. Date Signed (MM-DD-YYYY)

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