

This form is available electronically.

<b>CCC-934</b> (06-17-19)  <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation  <b>EMERGENCY LOSS ASSISTANCE FOR HONEYBEES / FARM-RAISED FISH APPLICATION</b>	1. State and County Code	2. Program Year
	3. County Office Name	4. Application Number

**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), as amended. The information will be used to determine eligibility for emergency loss 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 emergency loss assistance program benefits.*

**Paperwork Reduction Act (PRA) Statement:** *The information collection is exempted from the PRA as specified in 7 U.S.C. 9091(c)(2)(B).*

*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 – PRODUCER INFORMATION**

5A. Producer's Name and Address (City, State and Zip Code)

5B. Is a CCC-860 form, Socially Disadvantaged, Limited Resource and Beginning Farmer or Rancher, or Veteran Farmer or Rancher Certification, on file for the producer for the program year indicated in Item 2?  YES  NO

**PART B – NOTICE OF LOSS**

I am reporting that I have incurred losses due to qualifying weather or loss condition(s) listed in Item 7A and the losses occurred or were apparent to me on the date(s) listed in Items 7B and 7C.

6. Type of Loss (Check all that apply)

Honeybee Colony Loss (Part D)       Farm-Raised Fish Death Loss (Part E)       Honeybee Hive Loss (Part F)

Value of Purchased Feed Lost and/or Additional Expenses – Honeybees and Farm-Raised Fish (Part G)

Additional Feed Purchased Above Normal – Honeybees (Part H)

7A. Loss Event	7B. Qualifying Weather or Loss Condition	7C. Date When Loss Occurred	7D. Date When Loss Was Apparent	7E. Physical Location County of Loss

7F. Where were the honeybee colonies/hives and/or farm-raised fish physically located on the beginning date of the qualifying weather or loss condition(s) provided in Item 7B? (Include County name, farm number, etc.)

7G. Where is the current physical location of the honeybee colonies/hives and/or farm-raised fish in inventory? (Include County name, farm number, etc.)

Loss Event ____		
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8. Associated Producers (List all other producers that have an ownership share of any honeybee colonies/hives and/or farm-raised fish listed in Parts D-H).

9. Producer certifies that all information in Part B is correct, whether personally entered by the producer or another party, and acknowledges receipt of a copy of this form.

A. Producer's Signature (By)	B. Title/Relationship of the Individual Signing in the Representative Capacity	C. Date (MM-DD-YYYY)
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**PART C - COUNTY COMMITTEE DETERMINATION OF LOSS**

10. COC approves or disapproves, as applicable, the notice of loss in Part B.

A. COC or Designee Signature	B. Date (MM-DD-YYYY)	C. Determination <input type="checkbox"/> Approved <input type="checkbox"/> Disapproval
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PART H - ADDITIONAL FEED PURCHASED ABOVE NORMAL - HONEYBEES								
15A. Loss Event Number	15B. Type of Additional Feed Purchased Above Normal	15C. Cost of Feed Purchased in Application Year	15D. Cost of Feed Purchased 1 Year Prior	15E. Cost of Feed Purchased 2 Years Prior	15F. Producer Share	COC USE ONLY		
						15G. Adjusted Cost of Feed Purchased in Application Year	15H. Adjusted Cost of Feed Purchased 1 Year Prior	15I. Adjusted Cost of Feed Purchased in 2 Years Prior
		\$	\$	\$		\$	\$	\$
		\$	\$	\$		\$	\$	\$
		\$	\$	\$		\$	\$	\$
		\$	\$	\$		\$	\$	\$

PART I – PAYMENT REDUCTIONS	
16. Payment Reduction Amount	\$

**PART J – PRODUCER CERTIFICATION**

Payments under the Emergency Assistance for Honeybees and Farm-Raised Fish will be made to provide emergency relief to producers of honeybees and/or farm-raised fish due to losses from adverse weather or loss conditions as determined by the Secretary. Each producer must file a separate form CCC-934 to be eligible to receive program benefits. By signing this application, the producer or producers:

1. Agrees to provide CCC any documentation it requires to determine eligibility that verifies and supports all information provided, including the producer’s certification, and understands the application may be disapproved if they fail to provide any such information requested by CCC;
2. Authorizes CCC, at any time, with or without their presence, to enter upon, inspect and verify all honeybee colonies, honeybee hives, farm-raised fish, ponds, and acres in which they have an interest;
3. Agrees to comply with, and acknowledges they and their application are subject to, all the regulations governing the program and understands that instructions and assistance are available for completing this form; and,
4. Authorizes CCC to obtain from third parties, such as, but not limited to, other government agencies, individuals, suppliers, contractors, or processors, feed cooperatives, and feed supply companies, any records or other evidence that substantiates the information provided on this application or any supporting documentation provided.

**I certify that:**

1. If applying as an individual, that I am a citizen of the United States or a resident alien; if applying as a partnership, the members of the partnership are citizens of the United States; or if applying as a corporation, limited liability corporation, or other farm organizational structure, the entity is organized under State law; if applying as an Indian tribe or tribal organization, the tribe meets the definition according to the terms as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).
2. On the beginning date of the adverse weather or loss condition(s) in Item 7, I owned all honeybee colonies, honeybee hives, and/or farm raised fish entered on this application and physically maintained control of all such honeybees and/or farm-raised fish on that date for commercial use as part of my farming operation;
3. All honeybee colonies, honeybee hives, and/or farm-raised fish entered as lost on this application and/or additional feed expenses were losses incurred as a direct result of a qualifying adverse weather or loss condition(s) entered in Item 7 that occurred in the county provided in Item 3.
4. All information on this application and all supporting documents I provided are true and correct;
5. I understand that this application may be disapproved if information or evidence provided is false or in error, and that other sanctions or penalties could apply.

17A. Producer’s Signature (By)	17B. Title/Relationship of the Individual Signing in the Representative Capacity	17C. Date (MM-DD-YYYY)
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**PART K – COUNTY COMMITTEE DETERMINATION**

18A. COC or Designee Signature	18B. Date (MM-DD-YYYY)	18C. Determination: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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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, audiotape, 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](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.



