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FSA-578 Manual
(08-22-19)

U.S. Department of Agriculture
Farm Service Agency

PAGE

REPORT OF ACREAGE

OF

See Page 2 for Privacy Act and Paperwork Reduction Act Statements.

1. FARM NO.	2. FARMLAND	3. CROPLAND	4. PROGRAM YR.	7. KEY	8. NAMES OF OTHER PRODUCERS	9. ID NUMBER	10. OTHER FARMS
KEY 1	5. OPERATOR NAME AND ADDRESS Add text here			6. OTHER FARMS			
11. PHOTO NO. - LEGAL DESCRIPTION							

Lease #		14. CROP OR LAND USE	15. PRAC- TICE <u>1/</u>	16. CROP STATUS <u>2/</u>	17. CROP OR LAND USE SUMMARY (Maple trees, after number enter "T"; Honey, after number enter "H")								18. KEY	19. SHARE
Add text here														
20. TOTAL OPERATOR REPORT														
21. TOTAL DETERMINED ACREAGE 5 acre lease														

22. CERTIFICATION - I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farms as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

1/ I = Irrigated N = Nonirrigated
O = Other (Honey or Maple Sap)

A. CERTIFIER'S SIGNATURE	B. DATE (MM-DD-YYYY)	A. CERTIFIER'S SIGNATURE (BY)	B. DATE (MM-DD-YYYY)	A. CERTIFIER'S SIGNATURE (BY)	B. DATE (MM-DD-YYYY)	2/ I = Initial P = Prevented F = Failed S = Subsequent Crop D = Double Crop R = Repeat V = Volunteer	E = Experimental IF = Initial Failed IP = Initial Prevented SF = Subsequent Failed DF = Double-cropped Failed DP = Double-cropped Prevented
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I certify the number reported include all inventory for which the operation is expected.

Total number of Oysters/Clams added to my inventory this month . (acquired, purchases, etc) Add text here

Total number of Oysters/Clams reduced in my operation this month _____ (sold) Add text here

Total number of Oysters/Clams lost to eligible loss condition in my operation this month: Add text here

*Was a NOL filed? Yes Add text here No

Total number of Oysters/Clams lost to ineligible loss conditions in my operation this month Add text here

Signature _____ Date _____

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 Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), the Agricultural Act of 2014 (7 U.S.C. 9018), 7 CFR Part 718 and 7 CFR Part 1437. The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the 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 may result in a denial of the producer's request to participate in and receive benefits under FSA programs.

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

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.