

FSA-434 (10-04-04)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	1. State and County Code	2. Application Date (MM-DD-YYYY)
FLORIDA NURSERY DISASTER PROGRAM APPLICATION		3. County Office Name	

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Section 32 of the Act of August 24, 1935. The information will be used to determine eligibility in accordance with the requirements of the Federal Register Notice for applicants who are requesting Florida Nursery Disaster Program benefits. Furnishing the requested information is voluntary, however, failure to furnish the requested information will result in a determination of ineligibility for Florida Nursery Disaster Program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal or to other request for information. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001, 1004; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency generally 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 0560-0247. The time required to complete this information collection is estimated to average 20 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.

RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

PART A - PRODUCER INFORMATION		
4A. Producer's Name 4B. Telephone Number (Including Area Code)	4C. Producer's Address (Including Zip Code)	5. Producer's Tax ID Number

PART B - PAYMENT INFORMATION

Payments are for losses suffered with approved nursery crops associated with 2004 hurricanes Charley, Frances, and/or Jeanne in Florida counties designated by FSA for those crops and are subject to the definitions, provisions, modifications, payment and income limitations, geographical and other limitations, future crop insurance requirements and other conditions provided for in the Federal Register notice for this program or additionally imposed by FSA. Losses must be in qualifying counties identified by FSA. Actual losses or costs must equal or exceed payment amount. Applicants can qualify for both the crop loss assistance (**using the .25 factor or .2375 payment factor**) and the clean-up assistance at the set amount per acre. The chart below provides the qualifying loss levels and announced payment rates per acre.

Tier	Insured/Noninsurable	Uninsured
Inventory Loss Payment Factor	.25	.2375
Cleanup Assistance	\$ 250.00 per acre	\$ 237.50 per acre

PART C - INVENTORY VALUE LOSS INFORMATION

6. Do you have insurance or NAP coverage on any nursery crops in this county? YES NO

7. Enter the nursery number of the affected disaster area in Item 7A; enter the pre-hurricane and post-hurricane dollar inventory values in Item 7B and Item 7C, limiting the change to eligible hurricane losses; enter producer's share of acreage in Item 7D. (All entries subject to FSA verification)

7A. Nursery No.	7B. Beginning Inventory Value	7C. Ending Inventory Value	7D. Producer's Share
	\$	\$	
	\$	\$	

PART D - CLEANUP ASSISTANCE INFORMATION AND CERTIFICATION

8. Enter the field number Item 8A; the number of acres in the field in Item 8B; and enter the producer's share in Item 8C.

8A. Nursery No.	8B. Acres	8C. Producer's Share

Certification by Applicant: I certify that the losses and costs reflected on this application are the result of hurricanes Charley, Frances, and/or Jeanne exceed the payment amount sought and all the information entered on this application is true and correct. Providing a false certification to the government may be punishable by imprisonment, fines and other penalties. All information provided herein is subject to verification by FSA. The provisions of criminal and civil fraud statutes that apply to this certification include 18 USC 286, 287, 371, 641, 651, 1001, 1004; and 31 USC 3729. I understand that these payments are subject to federal regulations found in 7 CFR Part 12, Part 1400, subparts A, B and C, and Part 718.6 and 718 subpart B, and to the definitions, provisions, modifications, payment and income limitations, geographical and other limitations, future crop insurance requirements and other conditions provided for in the Federal Register notice for this program or additionally imposed by FSA.

8D. Producer's Signature	8E. Date (MM-DD-YYYY)
9A. COC's Signature 9B. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	9C. Date (MM-DD-YYYY) 9D. County FSA Office Name and Address (Including Zip Code) 9E. Telephone Number (Including Area Code)