

CCC-939 (07-01-24) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation EMERGENCY ASSISTANCE FOR LIVESTOCK, HONEYBEES, AND FARM-RAISED FISH PROGRAM (ELAP) NOTICE OF LOSS	1. Program Year		2. Loss Event Number	
	3. Administrative State		4. Administrative County	
	Name	Code	Name	Code
	5. Physical State		6. Physical County	
	Name	Code	Name	Code

PART A – PRODUCER AGREEMENT

The Emergency Assistance for Livestock, Honeybees, and Farm-Raised Fish Program provides payments to eligible producers of farm-raised fish, honeybees, and/or livestock, due to losses from adverse weather or loss conditions as determined by the Secretary. Each producer must file a separate form CCC-939 to be eligible to receive program benefits. By signing this application, the producer:

1. Agrees to provide FSA 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 FSA;
2. Authorizes FSA, at any time, with or without their presence, to enter upon, inspect and verify all farm-raised fish, ponds, honeybee colonies, honeybee hives, livestock, and acres in which they have an interest and are applying for benefits under ELAP;
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 FSA 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.

PART B – PRODUCER INFORMATION

1. Producer's Name <i>(Person or Legal Entity)</i>			2. Information Line	
3A. Address Line 1			4A. Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
3B. Address Line 2			4B. Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
3C. City	3D. State	3E. ZIP	5. Email Address	

Non-Discrimination Statement: 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 <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> 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.

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DATE STAMP

PART C – NOTICE OF LOSS

I am reporting that I have incurred losses due to weather or loss condition(s) listed in Item 2 and the losses occurred or were apparent to me on the date(s) listed in Items 3, 4 and 5.

1. Type of Loss (*Check all that apply*): Farm-Raised Fish (CCC-939F) Honeybees (CCC-939H) Livestock (CCC-939L)
 H5N1 (CCC-939H5N1)

2. Weather or Loss Condition	3. Date When Loss Occurred (MM/DD/YYYY)	4. Date When Loss Ended (MM/DD/YYYY)	5. Date When Loss Was Apparent (MM/DD/YYYY)

Where were the farm-raised fish, honeybees, and/or livestock located on the beginning date of the weather or loss condition(s) provided in Item 2? Where is the current physical location of the farm-raised fish, honeybees, and/or livestock in inventory?

6A. Physical State	6B. Physical County	6C. Farm Description	7A. Physical State	7B. Physical County	7C. Farm Description

8. Associated Producers Name (List all other producers that have an ownership share of any farm-raised fish, honeybees, and/or livestock which were impacted by the weather or loss condition.)

PART D – PRODUCER CERTIFICATION

I certify that:

- a. All information on this application and all supporting documents I provided are true and correct;
- b. 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;
- c. All information in Part C is correct, whether personally entered by the producer or another party, and acknowledges receipt of a copy of this form.

1A. Producer's Signature (By)	1B. Title/Relationship of Individual Signing in the Representative Capacity	1C. Date (MM/DD/YYYY)

PART E – COUNTY COMMITTEE DETERMINATION

COC approves or disapproves, as applicable, the notice of loss event above.

1A. COC or Designee Signature	1B. Date (MM/DD/YYYY)	1C. Determination <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

NOTE: *Privacy Act Statement: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is Emergency Agricultural Disaster Assistance Programs (7 C.F.R. 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.*

Public Burden Statement (Paperwork Reduction Act): *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.*