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CCC-934 (04-15-14) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation EMERGENCY LOSS ASSISTANCE FOR HONEYBEES / FARM-RAISED FISH APPLICATION	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). 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.

This information collection is exempted from the Paperwork Reduction Act as it is required for the administration of the Agricultural Act of 2014 (Pub. L. 113-79).

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 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 C) ☐ Farm-Raised Fish Death Loss (Part D) ☐ Honeybee Hive Loss (Part E)
- ☐ Value of Purchased Feed Lost and/or Additional Expenses – Honeybees and Farm-Raised Fish (Part F)
- ☐ Additional Feed Purchased Above Normal – Honeybees (Part G)

	7A. Qualifying Weather or Loss Condition	7B. Date When Loss Occurred	7C. Date When Loss Was Apparent	7D. Physical Location County of Loss
Loss Event 1				
Loss Event 2				
Loss Event 3				

7E. 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 7B? (Include County name, farm number, etc.)

7F. 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 1		
Loss Event 2		
Loss Event 3		

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 C-G).

9A. Producer's Signature Loss Event 1 (By)	9B. Title/Relationship of the Individual Signing in the Representative Capacity	9C. Date (MM-DD-YYYY)
10A. Producer's Signature Loss Event 2 (By)	10B. Title/Relationship of the Individual Signing in the Representative Capacity	10C. Date (MM-DD-YYYY)
11A. Producer's Signature Loss Event 3 (By)	11B. Title/Relationship of the Individual Signing in the Representative Capacity	11C. Date (MM-DD-YYYY)

PART C - HONEYBEE COLONY LOSS

12A. Loss Event Number	12B. Inventory at Beginning of Program Year	12C. Additions to Inventory Throughout Program Year	12D. Reductions to Inventory Throughout Program Year	12E. Total Number of Honey bee Colonies Lost During the Program Year	12F. Ineligible Honey bee Colonies Lost During the Program Year	12G. Producer Share	COC USE ONLY				
							12H. Adjusted Beginning Inventory	12I. Adjusted Additions to Inventory	12J. Adjusted Reductions to Inventory	12K. Adjusted Number of Lost Colonies	12L. Adjusted Number of Ineligible Colonies Lost

PART D - FARM-RAISED FISH DEATH LOSS

13A. Loss Event Number(s)	13B. Type/Kind/Size	13C. Unit of Measure	13D. Beginning Inventory	13E. Ending Inventory	13F. Ineligible Inventory Lost	13G. Producer Share	COC USE ONLY		
							13H. Adjusted Beginning Inventory	13I. Adjusted Ending Inventory	13J. Adjusted Ineligible Inventory Lost

PART E - HONEYBEE HIVE LOSS

14A. Loss Event Number	14B. Inventory at Beginning of Program Year	14C. Additions to Inventory	14D. Reductions to Inventory	14E. Number of Honeybee Hives Lost	14F. Ineligible Honey Bee Hives Lost	14G. Producer Share	COC USE ONLY				
							14H. Adjusted Beginning Inventory	14I. Adjusted Additions to Inventory	14J. Adjusted Reductions to Inventory	14K. Adjusted Number of Hives Lost	14L. Adjusted Number of Ineligible Hives Lost

PART F - VALUE OF PURCHASED FEED LOST AND/OR ADDITIONAL EXPENSES - HONEYBEES AND FARM-RAISED FISH

15A. Loss Event Number	15B. Indicate Honeybees (H) or Farm-Raised Fish (F) Feed/Expense (H or F)	15C. Type of Feed Lost or Additional Expense Incurred	15D. Value of Feed Lost or Additional Expense Incurred	15E. Producer Share	COC USE ONLY	
					15F. Adjusted Value of Feed Lost or Additional Expense Incurred	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

PART G - ADDITIONAL FEED PURCHASED ABOVE NORMAL - HONEYBEES

16A. Loss Event Number	16B. Type of Additional Feed Purchased Above Normal	16C. Cost of Feed Purchased in Application Year	16D. Cost of Feed Purchased 1 Year Prior	16E. Cost of Feed Purchased 2 Years Prior	16F. Producer Share	COC USE ONLY		
						16G. Adjusted Cost of Feed Purchased in Application Year	16H. Adjusted Cost of Feed Purchased 1 Year Prior	16I. Adjusted Cost of Feed Purchased in 2 Years Prior
		\$	\$	\$		\$	\$	\$
		\$	\$	\$		\$	\$	\$
		\$	\$	\$		\$	\$	\$
		\$	\$	\$		\$	\$	\$

PART H – PAYMENT REDUCTIONS

17. Payment Reduction Amount

\$

PART I – 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 a Native American tribe, the tribe is organized according to the Indian Self-Determination and Education Assistance Act; if applying as any Native American organization or entity, the Native American organization or entity is chartered under the Indian Reorganization Act; if applying as a Native American economic enterprise, the enterprise was established under the Indian Financing Act of 1974.
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.

18A. Producer's Signature (By)

18B. Title/Relationship of the Individual Signing in the Representative Capacity

18C. Date (MM-DD-YYYY)

PART J – COUNTY COMMITTEE DETERMINATION

19A. COC or Designee Signature

19B. Date (MM-DD-YYYY)

19C. Determination:

- ☐ Approved
☐ Disapproved

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CCC-934-A
(04-15-14)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

2. Program Year

4. Application Number

**CONTINUATION SHEET FOR EMERGENCY LOSS
ASSISTANCE FOR HONEYBEES/FARM-RAISED FISH
APPLICATION**

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[illegible][illegible][illegible]

PART F - VALUE OF PURCHASED FEED LOST AND/OR ADDITIONAL EXPENSES – HONEYBEES AND FARM-RAISED FISH
(Continuation)

15A. Loss Event Number	15B. Indicate Honeybees (H) or Farm-Raised Fish (F) Feed/Expense (H or F)	15C. Type of Feed Lost or Additional Expense Incurred	15D. Value of Feed Lost or Additional Expense Incurred	15E. Producer Share	COC USE ONLY 15F. Adjusted Value of Feed Lost or Additional Expense Incurred
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$

PART G - ADDITIONAL FEED PURCHASED ABOVE NORMAL - HONEYBEES (Continuation)

16A. Loss Event Number	16B. Type of Additional Feed Purchased Above Normal	16C. Cost of Feed Purchased in Application Year	16D. Cost of Feed Purchased 1 Year Prior	16E. Cost of Feed Purchased 2 Years Prior	16F. Producer Share	COC Use Only		
						16G. Adjusted Cost of Feed Purchased in Application Year	16H. Adjusted Cost of Feed Purchased 1 Year Prior	16I. Adjusted Cost of Feed Purchased in 2 Years Prior
		\$	\$	\$		\$	\$	\$
		\$	\$	\$		\$	\$	\$
		\$	\$	\$		\$	\$	\$
		\$	\$	\$		\$	\$	\$
		\$	\$	\$		\$	\$	\$
		\$	\$	\$		\$	\$	\$
		\$	\$	\$		\$	\$	\$
		\$	\$	\$		\$	\$	\$
		\$	\$	\$		\$	\$	\$

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