

<b>FSA-630</b> (Proposal 7)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency  <b>ORGANIC DAIRY MARKETING ASSISTANCE PROGRAM</b>	<b>FOR COUNTY OFFICE USE ONLY</b>	
		1. Administrative State	2. Administrative County
		3. Program Year	4. Application Number

**PART A - APPLICANT INFORMATION**

5. Applicant's Name <i>(Person or Legal Entity)</i>			6. Information Line		
7A. Address Line 1			8A. Telephone Number		
7B. Address Line 2			8B. Mobile Phone Number		
7C. City	7D. State	7E. Zip	9. Email Address		

**PART B - MILK MARKETINGS**

Month	10A. Pounds Marketed by Month		Month	10A. Pounds Marketed by Month	
January		LBS.	July		LBS.
February		LBS.	August		LBS.
March		LBS.	September		LBS.
April		LBS.	October		LBS.
May		LBS.	November		LBS.
June		LBS.	December		LBS.
			10B. TOTAL		LBS.

**PART C - PARTICIPANT CERTIFICATION AND SIGNATURE(S)**

*This application is to participate in the Organic Dairy Marketing Assistance Program and is entered into between the Commodity Credit Corporation (CCC) and the undersigned producers identified in the dairy operation identified above. The undersigned producer or producers may hereafter collectively be referred to as "the Participant". The participant certifies that all the information entered on this application is true and correct and that the participant was a producer of certified organic milk for the 2022 calendar year. The participant further certifies to the pounds of milk marketed for 2022 and agrees that such information will be used by CCC to calculate the payment amount. The participant hereby applies for payment to the extent that the County FSA Committee determines the participant is eligible to receive payment and understands that payment of indemnity claims will be contingent upon the availability of funds to the U.S. Department of Agriculture to pay such claims. In addition, the participant understands that, if necessary, their dairy operation may be required to provide any information that may be required to determine program eligibility to the satisfaction of the County FSA Committee. The participant further understands that this program is subject to the rules found in 7 CFR Part 760, Subpart A, and understands that this application must be received no later than the deadline date established by CCC. The participant understands that they can be denied payments based on any inaccuracy in this certification and application and that the payment issued to the dairy operation may be reduced by the percentage of interest of an ineligible member's actual share of the entity and not their share of the production. The participant understands that payments are subject to conditions imposed by regulation and CCC and that this is an application only. Providing a false certification to the Government is punishable by imprisonment, fines, or other penalties. All information provided herein is subject to verification by CCC. The criminal and civil fraud statutes that apply to this certification, may include 15 USC 286 714m, 18 USC 286, 297, 371, 641, 651, and 1001. Other authorities may apply.*

11. I certify the applicant identified in Part A, Item 5 is an individual person that is a U.S. Citizen or Resident Alien; or a legal entity, including corporation, LLC, LP, trust, estate, general partnership or joint venture, or similar type entity comprised solely of persons who are U.S. Citizens or Resident Aliens; or is an Indian Tribe or Tribal organization, as defined in Section 4(b) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304):

YES

NO

12. I certify this dairy operation meets the certification requirements for an organic dairy operation.

YES

NO

**PART C - PARTICIPANT CERTIFICATION AND SIGNATURE(S) (continued)**

I hereby sign and acknowledge, under penalty of perjury, in accordance with 28 U.S.C. § 1746 and 18 U.S.C. § 1621, that the foregoing is true and correct.

13A. Signature (by)	13B. Title/Relationship of Individual Signing in the Representative Capacity	13C. Date (MM/DD/YYYY)	13D. Shares	13E. Refuse Payment?
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

**PART D - COC DETERMINATION**

14. Application Status:  APPROVED  DISAPPROVED (if disapproved, complete item 15)

15. Justification for Disapproval:

16A. Signature of COC or Designee

16B. Title of COC or Designee

16C. Date (MM/DD/YYYY)

17A. Signature of Second-Party Reviewer

17B. Title of Second-Party Reviewer

17C. Date (MM/DD/YYYY)

18. Additional Remarks

**NOTE: Privacy Act Statement:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The primary authority for requesting and safeguarding the information described on this form is the Extending Government Funding and Delivering Emergency Assistance Act of 2021. The information will be used by CCC to establish eligibility and determine payment amounts with respect to benefits under the Milk Loss Program. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for program benefits and other financial assistance administered by USDA. The information collected as a result of this form may be released to USDA contractors, or authorized USDA cooperators who are bound to safeguard the information under Section 1619 of the Food, Conservation, and Energy Act of 1974, the E-Government Act of 2002, and related authorities.

**Public Burden Statement (Paperwork Reduction Act):** Public reporting burden for this collection is estimated to average 20 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection or FSA may not conduct or sponsor a collection of information unless it displays a valid OMB control number of XXXX-XXXX. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

**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, 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.