

FSA-849 (07-17-06) **U.S. DEPARTMENT OF AGRICULTURE**
 Farm Service Agency
EMERGENCY CONSERVATION PROGRAM HURRICANE GULF OF MEXICO, POULTRY (ECPHGMP)

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 Pub. L. 109-148. The information will be used to determine the eligible ECP payment. Furnishing the requested information is voluntary; however, failure to furnish correct, complete information will result in the withholding or withdrawal of financial assistance. The information may be furnished to the Internal Revenue Service, the Department of Justice, or other State or Federal law enforcement agencies, or in response to orders of a court, magistrate, or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 1001; 15 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency 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 0560-0082. The time required to complete this information collection is estimated to average 15 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'S INFORMATION

1A. Producer's Name and Address (Including ZIP Code) Telephone Number (Including Area Code):	1B. Producer's Identification Number
	1C. Producer's FAX Number
2A. Poultry House Name or Number	2B. Insurance payment received or to be received \$
3A. Poultry House Name or Number	3B. Insurance payment received or to be received \$
4A. Poultry House Name or Number	4B. Insurance payment received or to be received \$
5A. Poultry House Name or Number	5B. Insurance payment received or to be received \$

PART B - PRODUCER'S CERTIFICATION

- I am applying for a payment under the Emergency Conservation Program Hurricane Gulf of Mexico, Poultry (ECPHGMP) practice, to reconstruct or repair my poultry house(s) (listed in Items 2A through 5B above) that were damaged or destroyed by hurricanes during Calendar Year 2005.
- I understand that the ECPHGMP payment, together with any insurance payment received or to be received for the poultry house(s), cannot exceed 90 percent of the total cost to reconstruct or repair the poultry house(s).
- My poultry house insurance carrier is _____
My poultry house policy number is _____.
- It has been explained to me that I will be subject to a spot check to verify any insurance payments received for the poultry house(s). If selected by the Farm Service Agency (FSA) for a spot check, I shall provide any and all documentation relating to insurance payments for the poultry house. Should there be a discrepancy between what I have certified to and what insurance records show, I may be denied ECP payments for reconstruction or repair of the poultry house(s) and required to forfeit or refund to FSA any or all such payment if already received from FSA.
- I certify that I have read and understand this certification and that the amount entered on this certification is true.

11A. Producer's Signature	11B. Date (MM-DD-YYYY)
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PART C - FSA USE ONLY

12A. FSA Official's Signature	13A. FSA County Office Name and Address (Including Zip Code)	
12B. Title	12C. Date (MM-DD-YYYY)	13B. TELEPHONE NUMBER (Including Area Code):

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