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<b>FSA-2661</b> (12-06-00)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency	<b>NOTE:</b> The authority for collecting the following information is Pub. L. 106-224, Section 263(a)(3). This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995.
<b>REQUEST FOR EMERGENCY LOAN FOR SEED PRODUCERS PROGRAM ASSISTANCE</b>		

*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 the Agricultural Risk Protection Act of 2000 (Pub. L. 106-224). The information will be used to determine eligibility for program benefits. Furnishing this requested information is voluntary. However, failure to furnish the requested information may result in a determination of ineligibility. 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. All information provided herein is subject to verification by the Farm Service Agency (FSA). As provided in various statutes, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.*

**INSTRUCTIONS TO APPLICANT:** For individuals, partnerships, or joint operations, show names, and trade names if any. Business entity applicants must provide legal documents evidencing the organization. A husband and wife who want to apply for a loan together will be considered a joint operation. Either a husband or wife can apply as an individual.

1. APPLICANT'S NAME		5. CO-APPLICANT'S NAME	
2. APPLICANT'S ADDRESS		6. CO-APPLICANT'S ADDRESS (If different than Item 2)	
3. APPLICANT'S BIRTH DATE	4. APPLICANT'S SOCIAL SECURITY NO. OR TAX IDENTIFICATION NO.	7. CO-APPLICANT'S BIRTH DATE	8. CO-APPLICANT'S SOCIAL SECURITY NO. OR TAX IDENTIFICATION NO.

9. TYPE OF APPLICANT:

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT OPERATION	<input type="checkbox"/> LIMITED LIABILITY COMPANY
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> COOPERATIVE	<input type="checkbox"/> TRUST	<input type="checkbox"/> OTHER (IDENTIFY) _____

	YES	NO
10. Have you or any member of your organization ever been in receivership, been discharged in bankruptcy, or had a plan for reorganization confirmed in bankruptcy? <i>If "YES", attach details.</i>		
11. Are you, or any member of your organization, or the organization itself, involved in any pending litigation? <i>If "YES", attach details.</i>		
12. Do you now, or have you ever, conducted business under any other name? <i>If "YES", attach details.</i>		
13. Do you or any member of your organization have any unpaid judgments? <i>If "YES", attach details.</i>		
14. Have you or any member of your organization ever obtained a direct or guaranteed farm loan from the FSA or Farmers Home Administration?		
15. Are you or any member of your organization delinquent on any federal debt? <i>If "YES", attach details.</i>		
16. Are you, or in the case of a business entity, are a majority of members of the business entity, citizens or permanent residents of the United States of America? If permanent resident, attach a copy of Form I-151 or I-551, "Alien Registration Receipt Card."		
17. Are you an FSA employee or are you related to or closely associated with any FSA employee? <i>If "YES", attach details.</i>		
18. Have you sold any 1999 seed produced under contract with AgriBiotech, or received any proceeds from the sale or disposition of 1999 seed produced under contract with AgriBiotech since filing your proof of claim? If "YES" attach documentation of quantity, price received, buyer, and amount of proceeds received.		
19. Do you have 1999 seed produced under contract to AgriBiotech remaining in your possession? If "YES", attach documentation of quantity, value, location of seed and listing of liens filed against it.		

20A. AMOUNT OF BANKRUPTCY CLAIM \$	20B. BANKRUPTCY CLAIM NUMBER	20C. AMOUNT OF LOAN REQUESTED \$
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21. LOAN PURPOSES (Intended use of loan funds)

22. BALANCE SHEET. Please check whether a balance sheet is attached, representing applicants' financial condition:

Balance Sheet Attached     
  Balance Sheet Not Attached     
 IF ATTACHED, DATE OF BALANCE SHEET: \_\_\_\_\_

**23. VOLUNTARY INFORMATION FOR MONITORING PURPOSES**

The following information is requested by the Federal Government in order to monitor FSA's compliance with federal laws prohibiting discrimination against loan applicants on the basis of race, color, national origin, religion, sex, marital status, disability or age (provided that the applicant has the capacity to enter into a binding contract). You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you do not furnish it, FSA is required to note your race/national origin and sex on the basis of visual observation or surname.

A. RACE/NATIONALITY:	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	B. SEX:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Native				
C. VETERAN:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	D. MARITAL STATUS:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Single

**24. GENERAL INFORMATION**

- A. **RIGHT TO FINANCIAL PRIVACY ACT OF 1978 and TITLE XI, 1113(h) OF PUB. L. 95-630:** FSA has a right of access to financial records held by financial institutions in connection with providing assistance to you, as well as collecting on loans made to you or guaranteed by the government. Financial records involving your transaction will be available to FSA without further notice or authorization but will not be disclosed or released by this institution to another government Agency or Department without your consent except as required by law.
- B. **THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT** prohibits creditors from discriminating against applicants on the basis of race, color, religion, sex, national origin, marital status, age (provided the borrower has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.
- C. **FEDERAL COLLECTION POLICIES FOR CONSUMER DEBTS:** Delinquencies, defaults, foreclosures and abuses of mortgage loans involving programs of the Federal Government can be costly and detrimental to your credit, now and in the future. The Federal Government, its agencies, agents and assigns, are authorized to take any and all of the following actions in the event loan payments become delinquent on the mortgaged loan described in the attached application: (1) Report your name and account information to a credit bureau; (2) Assess additional interest and penalty charges for the period of time that payment is not made; (3) Assess charges to cover additional administrative costs incurred by the Government to service your account; (4) Offset amounts owed to you under other Federal programs; (5) Refer your account to a private attorney, collection agency or mortgage servicing agency to collect the amount due, foreclose the mortgage, sell the property and seek judgment against you for any deficiency; (6) Refer your account to the Department of Justice for litigation; (7) If you are a current or retired Federal employee, take action to offset your salary, or civil service retirement benefits, and (8) Refer your debt to the Department of the Treasury for cross-servicing and offset against any amount owed to you by any Federal Agency, such as an income tax refund. All of these actions can and will be used to recover debts owed to the Federal Government, when in its best interests.

**25. CERTIFICATIONS**

**A. RESTRICTIONS AND DISCLOSURE OF LOBBYING ACTIVITIES**

- 1. The loan applicant certifies that: if any funds, by or on behalf of the loan applicant, have been or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or Federal loan, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, or loan, the loan applicant shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- 2. The loan applicant shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including contracts, subcontracts, and subgrants, under grants and loans) and that all subrecipients shall certify and disclose accordingly.
- 3. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this statement is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required statement shall be subject to a civil penalty.

**B. ACKNOWLEDGMENT**

**I, THE UNDERSIGNED LOAN APPLICANT, UPON SIGNING THIS LOAN APPLICATION, CERTIFY THAT I HAVE RECEIVED THE ABOVE NOTIFICATIONS AND ACCEPT AND COMPLY WITH THE CONDITIONS STATED THEREON. I CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH TO OBTAIN A LOAN. (WARNING: 18 U.S.C. 1001 PROVIDES FOR CRIMINAL PENALTIES TO THOSE WHO PROVIDE FALSE STATEMENTS ON LOAN APPLICATIONS. IF ANY INFORMATION ON THIS APPLICATION IS FOUND TO BE FALSE OR INCOMPLETE, SUCH FINDING MAY BE GROUNDS FOR DENIAL OF THE REQUESTED CREDIT.)**

26A. SIGNATURE OF LOAN APPLICANT OR AUTHORIZED REPRESENTATIVE	26B. DATE
27A. SIGNATURE OF LOAN APPLICANT OR AUTHORIZED REPRESENTATIVE	27B. DATE

<b>28. FSA USE ONLY</b>		
A. DATE FORM RECEIVED	B. DATE APPLICATION COMPLETE	C. DATE APPROVED

*The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.*