

This form is available electronically.

FSA-218 (08-03-10)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	1. State Code	2. County Code	3. Fiscal Year
REIMBURSEMENT TRANSPORTATION COST PAYMENT PROGRAM (RTCP) FOR GEOGRAPHICALLY DISADVANTAGED FARMERS AND RANCHERS APPLICATION		4. Application Number:		
FOR FSA USE ONLY				
5. Cost of Living Rate (COLA):				%

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 755 and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for direct reimbursement payments to a geographically disadvantaged farmer or rancher to transport an agricultural commodity or inputs used to produce an agricultural commodity. 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 direct reimbursement payments to a geographically disadvantaged farmer or rancher to transport an agricultural commodity or inputs used to produce an agricultural commodity.

The information collection is exempted from Paperwork Reduction Act, as it is required for the administration of the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246, Title I, Subtitle F – Administration).

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

6A. Producer's Name and Address (Including Zip Code)	7A. Contact Producer's Name and Address (Including Zip Code)
6B. Telephone and/or Cell Number (Include Area Code): <input type="checkbox"/> Home <input type="checkbox"/> Cell	7B. Telephone and/or Cell Number (Optional) (Include Area Code): <input type="checkbox"/> Home <input type="checkbox"/> Cell
6C. Email (Optional):	7C. Email (Optional):

PART A – TRANSPORTATION RATES

There will be three types of transportation rates used to determine reimbursable amounts. These are defined as: actual, fixed, and set transportation rates.

ACTUAL TRANSPORTATION RATES: are rates based on the actual costs incurred by the applicant and must be determined from verifiable records in all cases.

FIXED TRANSPORTATION RATES: are established by State FSA Committee (STC) with Deputy Administrator for Farm Programs (DAFP) concurrence and reflects transportation rates applicable to certain agricultural commodities or inputs used to produce the agricultural commodity.

SET TRANSPORTATION RATES: are established by STC with DAFP concurrence and reflects a percent of the total costs used to reflect the transportation cost incurred. This rate will be used only if the input does not have a fixed rate established or a breakdown of the transportation costs cannot occur.

NOTE: For those applicants who certified their costs, and either a fixed transportation rate or set transportation rate is used to determine reimbursable amounts, a compliance spot check will be developed in which those selected applicants would be required to provide verifiable proof that the transportation of the agricultural commodity and/or inputs occurred for the applicable fiscal year.

8. Do you have actual documentation? <input type="checkbox"/> YES <input type="checkbox"/> NO If you checked "YES", complete Part B.	9. Select the Type of Transportation Cost (You may select a combination of costs): <input type="checkbox"/> Actual Rate <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Set Rate
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PART B – ACTUAL TRANSPORTATION COSTS (Continued on Page 5)

10. Eligible Agricultural Commodity and/or Input	11. Unit (Quantity)	12. Unit of Measure	13. Actual Cost Per Unit	FOR FSA USE ONLY	
				14. Transportation Cost (Item 11 x Item 13)	15. Reimbursable Amount (Item 14 x Item 5)
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

16. Total Actual Transportation Costs: \$

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (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 to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

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PART C – FIXED TRANSPORTATION COSTS (Continued on Page 6)

17. Eligible Agricultural Commodity and/or Input	18. Unit (Quantity)	19. Unit of Measure	FOR FSA USE ONLY		
			20. Approved Rate	21. Transportation Cost (Item 18 x Item 20)	22. Reimbursable Amount (Item 21 x Item 5)
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
23. Total Fixed Transportation Costs:					\$

PART D – SET TRANSPORTATION COSTS (Continued on Page 7)

24. Eligible Agricultural Commodity and/or Input	25. Unit (Quantity)	26. Unit of Measure	FOR FSA USE ONLY		
			27. Approved Rate	28. Transportation Cost (Item 25 x Item 27)	29. Reimbursable Amount (Item 28 x Item 5)
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
30. Total Set Transportation Costs:					\$

PART E – TOTAL PAYMENT – FOR FSA USE ONLY

31. Total all transportation costs from Parts B, C, and D. (Sum of Items 16, 23, 30, 44, 51 and 58)	\$
32. Enter the total from Item 31, if less than \$8,000. If greater than \$8,000, enter \$8,000.	\$
33. Factored amount, if applicable.	\$

PART F – PRODUCER CERTIFICATION

Payments under the Reimbursement Transportation Cost Payment program will be made to provide cost assistance to geographically disadvantaged farmers and ranchers by reimbursing them for a portion of the transportation cost of their agricultural commodity, and/or transporting inputs used to produce an agricultural commodity during a fiscal year. 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. *Agrees to comply with, and acknowledges they are subject to, all the regulations governing the program and understands that instructions and assistance are available for completing this form;*
3. *Authorizes FSA to obtain from third parties, such as, but not limited to, other government agencies, individuals, auction barns, contractors, or processors, feed cooperatives, feed supply companies and rendering services, any records or other evidence that substantiates the information provided on this application or any supporting documentation provided; and*

I certify that:

1. *If applying as an individual, that I am a citizen of or legal resident alien in the United States; 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 organization structure, the entity is organized under State law.*
2. *All information on this application and all supporting documents provided are true and correct;*
3. *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.*
4. *I understand that if necessary, additional information may be required to determine program eligibility, to the satisfaction of the State and/or County FSA Committee.*
5. *I understand that this program is subject to the regulations found in 7 CFR Part 755, and understand that this application must be received no later than the deadline date established by FSA.*
6. *I hereby apply for payment to the extent that the State and/or County FSA Committee determines me eligible to receive payment and understand that payment of transportation cost assistance will be contingent upon the availability of funds to the U.S. Department of Agriculture to pay such claims.*
7. *I understand that payments are subject to conditions imposed by regulation and FSA, and that this is an application only.*
8. *I have already reported whether I have actual documentation.*

Note: *Providing a false certification to the Government is punishable by imprisonment, fines, or other penalties. All information provided herein is subject to verification by FSA. The criminal and civil fraud statutes that apply to this certification, may include 15 USC 286 714m, 18USC 286, 297, 371, 641, 651, and 1001; and 31 USC. Other authorities may apply.*

34A. Signature (By)	34B. Title/Relationship of the Individual Signing in the Representative Capacity	34C. Date Signed (MM-DD-YYYY)	34D. Share	34E. Tax ID No. (4 Digits)
			%	
			%	
			%	
			%	

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PART G – STC OR COUNTY COMMITTEE DETERMINATION (FOR FSA USE ONLY)

35A. STC, COC or Designee Signature	35B. Title of STC, COC or Designee	35C. Date (MM-DD-YYYY)	35D. Determination (<i>Check one</i>): <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (<i>Complete Item 35G</i>) <input type="checkbox"/> Partially Approved (<i>Complete Item 35G</i>)
35E. Name and Address of County FSA Office		35F. Telephone Number (<i>Include Area Code</i>)	35G. Justification for Disapproval/Partial Approval
36A. Signature of Second Party Review	36B. Title of Second Party Reviewer		36C. Date Signed (MM-DD-YYYY)
37. Additional Remarks			

