

For: State and County Offices

Risk Management Purchase Requirement (RMPR) Equitable Relief Provisions for 2009

Approved by: Acting Deputy Administrator, Farm Programs



1 Overview

A Background

The Food, Conservation, and Energy Act of 2009 (2009 Act), Pub. L. 110-246:

- was enacted June 18, 2008
- created several new disaster programs under the title, “Supplemental Agricultural Disaster Assistance”.

The 2009 crop year sales closing dates for crop insurance and application closing dates for NAP coverage had occurred **before** the date of enactment for some crops. Pub. L. 110-398 amended the 2008 Act to allow a waiver of RMPR for producers who did **not** meet RMPR.

Producers were given an opportunity to “buy-in” until January 12, 2009, for crops that had a sales closing date before August 14, 2008, and for which crop insurance was not purchased.

Note: The application closing date for NAP was extended until December 1, 2008; therefore, this provision did **not** apply to NAP crops.

B Purpose

This notice provides State and County Offices with guidelines for determining equitable relief for eligible producers that did **not** meet RMPR for 2009.

Disposal Date	Distribution
February 1, 2010	State Offices; State Offices relay to County Offices

Notice DAP-317

2 Equitable Relief Provisions for 2009 Crop Year

A Extent of Equitable Relief

Equitable relief may be granted on a case-by-case basis, to an eligible producer that failed to meet 2009 RMPR when the determination has been made that the producer made a good faith effort to comply and 1 of the following situations occurred:

- producer was unable to file the necessary paperwork and pay the administrative fee by the December 1, 2008, deadline for NAP crops, January 12, 2009, deadline for insurable crops, and the sales closing date for crop insurance or application closing date for NAP crops had passed
- late planting decisions were made because of weather-related causes
- actual use of the crop differs from the intended use.

Example: Certain insurance policies, such as Crop Revenue Coverage, insure corn **only** intended as grain. If the corn is intended for silage, the coverage will **not** attach.

Note: See 7-CP, paragraph 63 in determining whether a producer made a good faith effort.

B Equitable Relief Not Granted

Equitable relief shall not be granted to a producer that failed to meet 2009 RMPR because of any of the following reasons:

- producer intentionally chose **not** to insure a covered crop under RMA or NAP
- a lack of good faith in reporting acreage or production
- ineligibility determinations rendered under RMA or NAP regulations
- producer's inability to insure acreage because of **not** paying premiums with crop insurance in a prior year.

C Equitable Relief Requests

Equitable relief requests **must** be initiated by the participant.

Notice DAP-317

2 Equitable Relief Provisions for 2009 Crop Year (Continued)

D Applicable Equitable Relief Fees

Producers granted relief for **not** meeting 2009 RMPR shall pay an administrative fee in an amount of \$250 per crop.

Note: There is **no** limit on the amount of administrative fees that can be collected from a producer for equitable relief.

E Equitable Relief Fee Collection

Producers **must** visit their administrative county to pay the appropriate fees and complete FSA-754 and/or FSA-755.

County Offices shall complete FSA-257 according to 3-FI, using the collection program code "09NAPRELIEF" or "09CATRELIEF".

3 Action

A State Office Action

STC shall:

- review each request for equitable relief and clearly document in STC minutes the justification for granting or denying equitable relief
- include the following information in STC minutes when granting or denying equitable relief:
 - producer's name
 - program year
 - program
 - action taken by producer.

B County Office Action

COC shall:

- review each equitable relief request and clearly document the basis for recommending equitable relief, along with all supporting documentation to STC
- document the basis for recommending equitable relief in COC minutes according to 7-CP, subparagraph 82 C **before** submitting equitable relief cases to STC.

FSA-754, Supplemental Agricultural Disaster Assistance Relief for Insurable Crops

A Example of FSA-754

The following is an example of FSA-754.

<p>This form is available electronically.</p> <p>FSA-754 U.S. DEPARTMENT OF AGRICULTURE (09-02-09) Farm Service Agency</p> <p>SUPPLEMENTAL AGRICULTURAL DISASTER ASSISTANCE RELIEF FOR INSURABLE CROPS</p>			<p>1. Crop Year</p> <p>2009</p>	<p>2A. County FSA Office Name and Address (Including Zip Code):</p> <p>Any County FSA Office 456 County Drive Everytown, USA 12345</p> <p>2B. Telephone No. (Including Area Code):</p> <p>456-789-0123</p>
<p>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 the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for the supplemental agricultural disaster assistance programs for insurable crops. 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 participation in the supplemental agricultural disaster assistance programs for insurable crops.</p> <p>The information collection is exempted from the Paperwork Reduction Act, as it is required for administration of the Food, Conservation, and Energy Act of 2008 (see 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.</p>				
<p>PART A - PRODUCER INFORMATION (To be Completed by County FSA Office)</p>				
<p>3A. Name and Address of Producer (Including Zip Code)</p> <p>John and Jan Doe 123 Doe Street Anytown, USA 12345</p>	<p>4A. State</p> <p>State</p>	<p>4B. County</p> <p>County</p>		
<p>3B. Telephone Number (Including Area Code):</p> <p>123-456-7890</p>				
<p>PART B - CROP/TYPE IDENTIFICATION (To be Completed by County FSA Office)</p> <p><i>In Title XV of the Food, Conservation, and Energy Act of 2008, Congress provided for new disaster programs, which together will be called the "Supplemental Agricultural Disaster Assistance Programs". Generally, producers are eligible for assistance under these programs only if they have, for all crops, obtained either a policy or plan of insurance under the Federal Crop Insurance Act, or NAP coverage. However, producers who were eligible to obtain crop insurance or NAP coverage but did not do so can "request relief". For this purpose, producers who want to request relief of the Risk Management Purchase Requirement to these disaster programs must complete this form if they had insurable crops and did not have the required policy or plan of insurance and/or a separate form, FSA-755, if they had insurable crops for which they did not obtain NAP coverage.</i></p> <p><i>If relief is granted and in order to put such producer in a similar position as one who did obtain such required coverage and paid the necessary fees, the producer must pay a fee in an amount of \$250 per crop to be eligible for these disaster programs within 30 days of the date relief is granted. If this fee is not paid, the producer is not eligible for these programs.</i></p> <p><i>List all of the producer's insurable crops below for which a crop insurance policy was not purchased.</i></p>				
<p>5A. Crop/Type</p> <p>Wheat/HWR</p> <p>Corn/YEL</p>	<p>5B. Intended Use</p> <p>GR</p> <p>GR</p>	<p>5C. Planting Period</p> <p>01</p> <p>02</p>		
<p>6. Total Fees required for relief based on the crops listed in Item 5 above: \$ 500.00</p>				
<p>7. Remarks (Including additional crops if necessary)</p>				
<p><small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all 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, genetic information, political beliefs, 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).</small></p> <p><small>To file a complaint of Discrimination, write to USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 845-6136 (Spanish) or (800) 877-8339 (TDD) or (866) 377-8642 (Federal-relay). USDA is an equal opportunity provider and employer.</small></p>				

FSA-754, Supplemental Agricultural Disaster Assistance Relief for Insurable Crops (Continued)

A Example of FSA-754 (Continued)

FSA-754 (09-02-09)		Page 2 of 2	
PART C - PRODUCER AND FSA REPRESENTATIVE'S CERTIFICATION			
<p><i>I have read this form and would like to request relief for RMIPR to be waived for the Supplemental Agricultural Disaster Assistance Programs. I certify all information entered on this form (FSA-754) is true and correct. I understand that the relief fee waives the risk management purchase requirement of the Food, Conservation, and Energy Act of 2008, but does not provide insurance for coverage. If relief is granted, I agree to pay the total fees listed in Item 6 above within 30 days of the date relief is granted. A separate application must be filed to be eligible for benefits under the Supplemental Agricultural Disaster Assistance Programs.</i></p> <p><i>All information provided herein is subject to verification by the Farm Service Agency. 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. I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act).</i></p>			
8A. Producer's Signature (By)	8B. Title/Relationship of the Individual Signing in the Representative Capacity	8C. Date (MM-DD-YYYY)	
/Producer/	Self	01-01-20XX	
9A. Signature (COC Representative)	9B. Title	9C. Date of COC Minutes (MM-DD-YYYY)	
/CED/	County Executive Director	01-01-20XX	
PART D - STC ACTION			
10. STC Action (select one):		11. Amount of Fees Owed	
<input checked="" type="checkbox"/> A. Requirements for relief met, relief granted. <input type="checkbox"/> B. Requirements for relief not met, relief not granted.		\$ 500.00	
12A. Signature (SED or STC)	12B. Title	12C. Date (MM-DD-YYYY)	
/SED/	State Executive Director	01-01-20XX	
PART E - COLLECTION OF FEES			
13A. Amount of Fees Paid (Producer completes)	13B. Producer Signature (By)	13C. Title/Relationship of the Individual Signing in the Representative Capacity	13D. Date (MM-DD-YYYY)
\$ 500.00	/Producer/	Self	01-01-20XX
14. Schedule of Deposit Number (CCC-257) According to 3-FI (to be completed by COC)			
200			

FSA-754, Supplemental Agricultural Disaster Assistance Relief for Insurable Crops (Continued)

B Completing FSA-754

Complete FSA-754 according to this table.

Item	Instructions
1	Enter 2009 crop year.
2A	Enter County Office name and address, including ZIP Code.
2B	Enter County Office telephone number, including area code.
<p>Part A – Producer Information (To be completed by the County Office.)</p>	
3A	Enter producer’s name and address, including ZIP Code.
3B	Enter producer’s telephone number, including area code.
4A	Enter State name where farm records are located for FSA administrative purposes.
4B	Enter FSA administrative county name where fees are collected.
<p>Part B – Crop/Type Identification (To be completed by the County Office.)</p>	
5A	Enter crop name and type.
5B	Enter intended use of the crop.
5C	Enter planting period of the crop.
6	Enter relief fees required for crops listed in item 5.
7	Remarks
<p>Part C – Producer and FSA Representative. (Item 8 to be completed by the producer.) (Item 9 to be completed by the COC representative.)</p>	
8A, 8B, and 8C	Producer shall sign, enter the title/relationship, and date (mm-dd-yyyy).
9A, 9B, and 9C	COC representative shall only sign, enter title, and date (mm-dd-yyyy) acknowledging receipt of FSA-754 and applicable relief fees have been received.
<p>Part D – STC Action (To be completed by the STC representative.)</p>	
10	STC Action – check the applicable box for relief granted or relief not granted.
11	Enter amount of fees the producer owes for relief.
12A, 12B, and 12C	STC representative shall only sign, enter title and date (mm-dd-yyyy) acknowledging action taken on FSA-754.
<p>Part E – Collection of Fees (To be completed by the producer.)</p>	
13A	Enter total amount of relief fees paid.
13B, 13C, and 13D	Producer shall sign, enter the title/relationship, and date (mm-dd-yyyy) acknowledging relief fees paid.
14	Enter CCC-257 number according to 3-FI.

FSA-755, Supplemental Agricultural Disaster Assistance Relief for Noninsurable Crops

A Example of FSA-755

The following is an example of FSA-755.

<p>This form is available electronically.</p> <p>FSA-755 U.S. DEPARTMENT OF AGRICULTURE (09-02-09) Farm Service Agency</p> <p>SUPPLEMENTAL AGRICULTURAL DISASTER ASSISTANCE RELIEF FOR NONINSURABLE CROPS</p>			<p>1. Crop Year</p> <p>2009</p>	<p>2A. County FSA Office Name and Address (Including Zip Code):</p> <p>Any County FSA Office 456 County Drive Everytown, USA 12345</p> <p>2B. Telephone No. (Including Area Code):</p> <p>456-789-0123</p>
<p>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 the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for the supplemental agricultural disaster assistance programs for noninsurable crops. 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 participation in the supplemental agricultural disaster assistance programs for noninsurable crops.</p> <p>The information collection is exempted from the Paperwork Reduction Act, as it is required for administration of the Food, Conservation, and Energy Act of 2008 (see 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.</p>				
<p>PART A - PRODUCER INFORMATION (To be Completed by County FSA Office)</p>				
<p>3A. Name and Address of Producer (Including Zip Code)</p> <p>John and Jan Doe 123 Doe Street Anytown, USA 12345</p>	<p>Administrative State and County Office</p>			
<p>3B. Telephone Number (Including Area Code):</p> <p>123-456-7890</p>	<p>4A. State</p> <p>State</p>	<p>4B. County</p> <p>County</p>		
<p>PART B - CROP/TYPE IDENTIFICATION (To be Completed by County FSA Office)</p> <p>In Title XV of the Food, Conservation, and Energy Act of 2008, Congress provided for new disaster programs, which together will be called the "Supplemental Agricultural Disaster Assistance Programs". Generally, producers are eligible for assistance under these programs only if they have, for all crops, obtained either a policy or plan of insurance under the Federal Crop Insurance Act, or NAP coverage. However, producers who were eligible to obtain crop insurance or NAP coverage but did not do so can "request relief". For this purpose, producers who want to request relief of the Risk Management Purchase Requirement for these disaster programs must complete this form if they had noninsurable crops and a separate form, FSA-754, if they had insurable crops and did not have the required policy or plan of insurance.</p> <p>If relief is granted, and in order to put such producer in a similar position as one who did obtain such required coverage and paid the necessary fees, the producer must pay a fee in an amount of \$250 per crop to be eligible for these disaster programs, within 30 days of the date relief is granted. If this fee is not paid, the producer is not eligible for these programs.</p> <p>This form is for the noninsurable NAP crops listed below.</p> <p>List all of the producer's noninsurable crops below for which a crop insurance policy was not purchased.</p>				
<p>5A. Crop/Type</p> <p>Plums</p> <p>Apples/COM</p> <p>Squash/SUM</p>	<p>5B. Intended Use</p> <p>FH</p> <p>JU</p> <p>FH</p>	<p>5C. Planting Period</p> <p>01</p> <p>01</p> <p>03</p>		
<p>6. Total Fees required for relief based on the crops listed in Item 5 above: \$ 750.00</p>				
<p>7. Remarks (Including additional crops if necessary)</p>				
<p>The U.S. Department of Agriculture (USDA) prohibits discrimination in all 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, genetic information, political beliefs, 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).</p> <p>To file a complaint of Discrimination, write to USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 845-6136 (Spanish) or (800) 877-8339 (TDD) or (866) 377-8642 (Federal-relay). USDA is an equal opportunity provider and employer.</p>				

**FSA-755, Supplemental Agricultural Disaster Assistance Relief for Noninsurable Crops
(Continued)**

A Example of FSA-755 (Continued)

FSA-755 (09-02-09)		Page 2 of 2	
PART C - PRODUCER AND FSA REPRESENTATIVE'S CERTIFICATION			
<p><i>I have read this form and would like to request relief for Risk Management Purchase Requirement to be waived for the Supplemental Agricultural Disaster Assistance Programs. I certify all information entered on this form (FSA-755) is true and correct. I understand that the relief fee waives the risk management purchase requirement of the Food, Conservation, and Energy Act of 2008, but does not provide NAP coverage. If relief is granted, I agree to pay the total fees listed in Item 6 above within 30 days of the date relief is granted. A separate application must be filed to be eligible for benefits under the Supplemental Agricultural Disaster Assistance Programs.</i></p> <p><i>All information provided herein is subject to verification by the Farm Service Agency. 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. I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act).</i></p>			
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/Producer/	Self	01-01-20XX	
9A. Signature (COC Representative)	9B. Title	9C. Date of COC Minutes (MM-DD-YYYY)	
/CED/	County Executive Director	01-01-20XX	
PART D - STC ACTION			
10. STC Action (select one):		11. Amount of Fees Owed	
<input checked="" type="checkbox"/> A. Requirements for relief met, relief granted. <input type="checkbox"/> B. Requirements for relief not met, relief not granted.		\$ 750.00	
12A. Signature (SED or STC)	12B. Title	12C. Date (MM-DD-YYYY)	
/SED/	State Executive Director	01-01-20XX	
PART E - COLLECTION OF FEES			
13A. Amount of Fees Paid (Producer completes)	13B. Producer Signature (By)	13C. Title/Relationship of the Individual Signing in the Representative Capacity	13D. Date (MM-DD-YYYY)
\$ 750.00	/Producer/	Self	01/01/20XX
14. Schedule of Deposit Number (CCC-257) According to 3-FI (to be completed by COC)			
210			

**FSA-755, Supplemental Agricultural Disaster Assistance Relief for Noninsurable Crops
(Continued)**

B Completing FSA-755

Complete FSA-755 according to this table.

Item	Instructions
1	Enter 2009 crop year.
2A	Enter County Office name and address, including ZIP Code.
2B	Enter County Office telephone number, including area code.
	Part A – Producer Information (To be completed by the County Office.)
3A	Enter producer’s name and address, including ZIP Code.
3B	Enter producer’s telephone number, including area code.
4A	Enter State name where farm records are located for FSA administrative purposes.
4B	Enter FSA administrative county name where fees are collected.
	Part B – Crop/Type Identification (To be completed by the County Office.)
5A	Enter crop name and type.
5B	Enter intended use of the crop.
5C	Enter planting period of the crop.
6	Enter relief fees required for crops listed in item 5.
7	Remarks
	Part C – Producer and FSA Representative. (Item 8 to be completed by the producer.) (Item 9 to be completed by the COC representative.)
8A, 8B, and 8C	Producer shall sign, enter the title/relationship, and date (mm-dd-yyyy).
9A, 9B, and 9C	COC representative shall only sign, enter title, and date (mm-dd-yyyy) acknowledging receipt of FSA-754 and applicable relief fees have been received.
	Part D – STC Action (To be completed by the STC representative.)
10	STC Action – check the applicable box for relief granted or relief not granted.
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13A	Enter total amount of relief fees paid.
13B, 13C, and 13D	Producer shall sign, enter the title/relationship, and date (mm-dd-yyyy) acknowledging relief fees paid.
14	Enter CCC-257 number according to 3-FI.