

For: Alaska, Florida, Hawaii, and Puerto Rico State and County Offices

Announcing Signup for the Reimbursement Transportation Cost Program (RTCP)

Approved by: Acting Deputy Administrator, Farm Programs



1 Overview

A Background

The RTCP Program:

- for FY 2010 was announced in Notice SP-53.
- provides monetary assistance to geographically disadvantaged farmers and ranchers by reimbursing them for a portion of the transportation cost of their agricultural commodity, and/or transported inputs used to produce an agricultural commodity during an FY.

To be eligible for RTCP program benefits, the geographically disadvantaged farmer or rancher must meet the eligibility requirements provided at 7 CFR, Part 755.4 and submit an application during the announced FY 2010 signup period.

B Purpose

This notice provides State and County Offices with:

- procedure for applying for RTCP benefits
- the signup period for the RTCP Program
- instructions for completing FSA-218.

| | |
|--|---|
| Disposal Date August 1, 2011 | Distribution Above State Offices; State Offices relay to County Offices |
|--|---|

Notice SP-54

1 Overview (Continued)

C Contact

If there are questions about this notice, State Offices shall contact either of the following.

| Contact | Telephone Number | E-Mail Address |
|---------------|------------------|-----------------------------|
| Dani Cooke | 202-720-1919 | danielle.cooke@wdc.usda.gov |
| Toni Williams | 202-720-2270 | toni.williams@wdc.usda.gov |

2 Applying for RTCP Benefits

A Filing FSA-218

Eligible producers must use FSA-218 to apply for RTCP benefits. All persons who incurred FY 2010 transportation costs eligible for reimbursement and who share in the risk of an agricultural operation must certify to the information on FSA-218 before being considered complete for review by FSA. More than one FSA-218 is **not** acceptable by the same producers during the eligible sign-up period.

B FSA-218 Availability

FSA-218 is available electronically at either of the following websites:

- Service Center Agency eForms at <http://forms.sc.egov.usda.gov/eForms/welcomeAction.do?Home>
- FFAS Employee Forms/Publications Online Website at <http://intra3.fsa.usda.gov/dam/ffasforms/forms.html>.

FSA-218 may also be obtained from the County Office where the agricultural operation is physically located as follows:

- in person
- by mail
- by telephone request
- by FAX.

FSA-218's must be completed correctly, signed, and returned to the applicable County Office by COB, September 10, 2010, to be considered eligible for RTCP benefits.

Note: Producers may file FSA-218 in either the county where the agricultural operation is physically located or in the producer's administrative County Office. Multi-county producers **must** return completed FSA-218's to their administrative County Office to apply for RTCP benefits.

Notice SP-54

2 Applying for RTCP Benefits (Continued)

C Period for Accepting FSA-218

Accepting FSA-218's will begin August 3, 2010, and will end on September 10, 2010. Eligible applicants may file FSA-218 for benefits any time during the application period. Completed FSA-218's must be submitted to the County Office where the agricultural operation is located or in producer's administrative County Office. Multi-county producers **must** return completed FSA-218 to their administrative County Office. FSA-218's received by mail after the application date must have a postmark date of no later than September 10, 2010, to be considered timely filed.

For those areas where FSA County Offices do **not** exist, FSA-218's may be submitted to the respective State Office.

D Manual Application Process

A manual application process has been developed using a worksheet calculator. State and County Offices will enter all information obtained on FSA-218, into the worksheet calculator. A subsequent SP notice will be issued providing the worksheet calculator and instructions.

E Late-Filed FSA-218's

Late-filed provisions will **not** apply to the RTCP program. FSA-218's received after COB of the deadline date will **not** be approved. This includes FAXed FSA-218's.

F CCC-770 Eligibility

CCC-770 Eligibility shall be completed according to 3-PL for each producer before a RTCP payment is approved.

G Signature Requirements

County Offices shall follow 1-CM for the following:

- producer's signature and authorization provisions
- persons signing FSA-218 in a representative or fiduciary capacity
- payment of amounts due persons who have died, disappeared, or have been declared incompetent.

Notice SP-54

2 Applying for RTCP Benefits (Continued)

H Multiple Producers

If an operation consists of more than 1 producer:

- complete one FSA-218 for the entire operation
- include all producers who share in the operation on FSA-218
- obtain signatures of all producers in the operation on FSA-218 according to subparagraph G.

I Joint Ventures

For joint ventures without a permanent ID number, RTCP payments **cannot** be issued; therefore, each individual member's permanent ID number and share percentage data must be included on FSA-218, Part F to ensure that payments will be issued to member's with valid permanent ID numbers.

J Approving FSA-218

STC, COC, or designee, shall:

- be satisfied that all eligibility requirements provided in this notice and Notice SP-53 have been met before approving FSA-218
- ensure that CCC-770 ELIG is completed according to 3-PL for each producer before a producer's RTCP application is approved
- ensure that other application forms, production evidence, and any other supporting documentation that substantiates qualifying transportation costs, to their satisfaction, have been received
- **not** accept supporting documentation if an FSA-218 has not been received on or before September 10, 2010
- **not** approve any FSA-218 that was requested or received after COB, September 10, 2010
- **not** approve FSA-218's for joint venture unless all members of the joint venture or joint operation who have a respective share in the eligible transportation costs incurred have signed FSA-218 and have a valid ID number.

Notice SP-54

2 Applying for RTCP Benefits (Continued)

J Approving FSA-218 (Continued)

Notes: If transportation costs incurred are not determined reasonable to STC's, COC's, or designees satisfaction, then FSA-218 shall **not** be approved.

A second party review of FSA-218 must be made before STC, COC, or designee approves or disapproves the application.

STC's, COC's, or designees may approve or disapprove portions of FSA-218. FSA-218's may be partially approved for reductions to transportation cost incurred for disapproved portions. If FSA-218 is disapproved because all or a portion of the transportation cost incurred do not meet RTCP eligibility criteria, and during the appeal process the producer provides verifiable evidence that all or a portion of the transportation cost incurred were the result of being geographically disadvantaged, then STC, COC, or designee may approve FSA-218 according to the evidence provided.

K Changing FSA-218

Producers who timely file FSA-218 on or before September 10, 2010, may change or modify the information on FSA-218 on or before November 1, 2010, if supporting documentation cannot be provided. Any changes to an already approved FSA-218 must be reviewed and approved by STC, COC, or designee.

L Supporting Documentation

To be eligible for reimbursement of actual transportation costs, the producer must provide supporting documentation that substantiates the actual costs incurred for transportation of each eligible agricultural commodity and/or input. Producers will be required to certify on FSA-218 whether he/she has actual documentation. Producers who request RTCP benefits for actual transportation cost rates must submit supporting documentation to the State or County Office by **COB November 1, 2010**. If supporting documentation to support actual transportation costs is not received in the State or County Office on or before November 1, 2010, the State or County Office will use the approved fixed or set rate established for the applicable agricultural commodity and/or input.

Producers who request RTCP benefits using either the fixed or set transportation cost rate must submit supporting documentation to the State and County Office at the time of application. However, State and County Offices may also accept supporting documentation until **COB November 1, 2010**.

Note: Since proof of eligible reimbursement costs incurred will be submitted at the time of application, no further compliance check will be necessary by the State or County Office, as previously provided in Notice SP-53, subparagraph 4 C.

2 Applying for RTCP Benefits (Continued)

L Supporting Documentation (Continued)

Producers who originally submit an RTCP request for benefits for a fixed and/or set transportation cost category, can make changes to the FSA-218 to request the actual transportation cost category, if supporting documentation to substantiate the actual costs incurred can be provided to the State or County Office by **COB November 1, 2010**. Any change made to the transportation cost category must be made in ink and initialed and dated by the producer.

M Proof of Eligible Reimbursement Costs Incurred

Eligible verifiable records supporting eligible actual, fixed, and set transportation costs includes, but is not limited to:

- invoices
- financial statements
- account statements
- contractual agreements
- bills of lading.

Verifiable records must show:

- name of producer(s)
- commodity, unit (quantity), and unit of measure, or unit price
- type of input(s) associated with transportation costs
- date of service
- name of person or entity providing the service, as applicable
- retail sales receipts.

Note: Additional supporting documents may be requested from the producer, as necessary, to help STC or COC determine whether the quantity of inputs claimed is reasonable.

N Other Applicable Forms

The following forms are also required to apply for RTCP benefits:

- AD-1026, for HELC-WC compliance
- CCC-926, for AGI compliance
- CCC-902I or CCC902E
- CCC-901, as applicable.

Notice SP-54

3 Completing FSA-218

A Instructions for Completing FSA-218

Complete FSA-218 according to the following instructions.

| Item | Instructions |
|---|--|
| 1 | STC or COC designee shall enter the applicable State code. |
| 2 | STC or COC designee shall enter the applicable county code. Notes: If a county code is not available, enter 00 and in the remarks section, item 37, note that a county code is not available. Enter the applicable county code for the County Office where the agricultural operation is located, producer’s administrative County Office, or for multi-county producers, enter the administrative County Office. |
| 3 | STC or COC designee shall enter the applicable FY. |
| 4 | STC or COC designee shall assign an application number. |
| 5 | STC or COC designee shall enter the applicable COLA according to Notice SP-53, Exhibit 1. |
| 6A through 6C | Enter the name, address, telephone number, and e-mail address (optional) of the producer’s operation. |
| 7A through 7C | Enter the name, address, telephone number, and e-mail address (optional) of the contact producer. |
| Part A – Transportation Rates | |
| 8 | Producer must answer the question, “Do you have actual documentation?” |
| 9 | Producer must select the type of transportation costs. The producer may select a combination of costs. |
| Part B – Actual Transportation Costs | |
| 10 | Producer must provide an eligible agricultural commodity and/or input. |
| 11 | Producer must provide the number of eligible units (quantity) that represent the eligible agricultural commodity and/or input from item 10. |
| 12 | Producer must provide the unit of measure applicable to the corresponding eligible agricultural commodity and/or input from item 10. |
| 13 | Producer must provide the actual cost paid per unit for the corresponding eligible agricultural commodity and/or input from item 10. |
| For FSA Use Only | |
| 14 | STC, COC, or designee shall multiply item 11 times item 13, and enter total. |
| 15 | STC, COC, or designee shall multiply item 14 times item 5, and enter total. |
| 16 | STC, COC, or designee shall total actual reimbursable amounts in item 15, and enter total. |
| Part C – Fixed Transportation Costs | |
| 17 | Producer must provide an eligible agricultural commodity and/or input. |
| 18 | Producer must provide the number of eligible units (quantity) that represent the eligible agricultural commodity and/or input from item 17. |

Notice SP-54

3 Completing FSA-218 (Continued)

A Instructions for Completing FSA-218 (Continued)

| | |
|--|---|
| 19 | Producer must provide the unit of measure applicable to the corresponding eligible agricultural commodity and/or input from item 17. |
| For FSA Use Only | |
| 20 | STC, COC, or designee shall provide the approved fixed transportation cost rate per unit for the corresponding eligible agricultural commodity and/or input from item 17. |
| 21 | STC, COC, or designee shall multiply item 18 times item 20, and enter total. |
| 22 | STC, COC, or designee shall multiply item 21 times item 5, and enter total. |
| 23 | STC, COC, or designee shall total fixed reimbursable amounts in item 22, and enter total. |
| Part D – Set Transportation Costs | |
| 24 | Producer must provide an eligible agricultural commodity and/or input. |
| 25 | Producer must provide the number of eligible units (quantity) that represent the eligible agricultural commodity and/or input from item 24. |
| 26 | Producer must provide the unit of measure applicable to the corresponding eligible agricultural commodity and/or input from item 24. |
| For FSA Use Only | |
| 27 | STC, COC, or designee shall provide the approved set transportation cost rate per unit for the corresponding eligible agricultural commodity and/or input from item 24. Note: If the set rate is a DAFP-approved percentage, the approved rate must be calculated to a dollar value and entered in item 27. Example: A tractor starter cost \$175. The DAFP-approved set rate percentage established for the State is 15 percent. Calculate $\$175 \times 15 \text{ percent} = \26.25 . Enter the result of \$26.25 in item 27 as the approved rate. |
| 28 | STC, COC, or designee shall multiply item 25 times item 27, and enter total |
| 29 | STC, COC, or designee shall multiply item 28 times item 5, and enter total |
| 30 | STC, COC, or designee shall total set reimbursable amounts in item 29, and enter total. |
| Part E – Total Payment – For FSA Use Only | |
| 31 | STC, COC, or designee shall enter the total of all transportation costs from Parts B, C, and D. (Total of items 16, 23, 30, 44, 51, and 58). Important: The worksheet calculator will have a grand total at item 14 and the computed total for FSA-218, item 31 must be the same. |
| 32 | STC, COC, or designee shall enter the total from Item 31, if less than \$8,000. If greater than \$8,000, enter \$8,000. |
| 33 | STC, COC, or designee shall enter factored amount, if applicable. Note: If a factor is needed, the factor will be determined after the end of signup and after all eligible transportation costs have been forwarded to the National Office. |

Notice SP-54

3 Completing FSA-218 (Continued)

A Instructions for Completing FSA-218 (Continued)

| Part F – Producer Certification | |
|---|---|
| 34A | Each producer that has a share in the transportation costs incurred must sign this document after carefully reading the information in Part F. |
| 34B | Each producer must provide title/relationship of the individual signing in the representative capacity. |
| 34C | Each producer must enter the date FSA-218 was signed. |
| 34D | Each producer must provide their corresponding share percentage of the transportation cost losses. |
| 34E | Each producer must enter the last 4 digits of their taxpayer ID number. |
| For FSA Use Only Part G – STC or COC Determination | |
| 35A | STC, COC, or designee shall sign. |
| 35B | Enter the title of designee signing item 35A. |
| 35C | Enter the date the STC, COC, or designee signed item 35A. |
| 35D | The official signing item 35A shall select the appropriate box to indicate if FSA-218 is approved, disapproved, or partially approved. |
| 35E | Enter the name and address of the FSA State or County Office. |
| 35F | Enter the telephone number including area code of the FSA State or County Office. |
| 35G | Enter justification for disapproval/partial approval. |
| 36A | Second party reviewer shall sign. |
| 36B | Enter the title of second party reviewer. |
| 36C | Enter the date the second party reviewer signed item 36A. |
| 37 | Enter any remarks that may be pertinent to any information entered on the FSA-218. |
| Part B – Actual Transportation Costs (Continued from Page 1) | |
| 38 | Producer must provide an eligible agricultural commodity and/or input. |
| 39 | Producer must provide the number of eligible units (quantity) that represent the eligible agricultural commodity and/or input from item 38. |
| 40 | Producer must provide the unit of measure applicable to the corresponding eligible agricultural commodity and/or input from item 38. |
| 41 | Producer must provide the actual cost paid per unit for the corresponding eligible agricultural commodity and/or input from item 38. |
| For FSA Use Only | |
| 42 | STC, COC, or designee shall multiply item 39 times item 41, and enter total. |
| 43 | STC, COC, or designee shall multiply item 42 times item 5, and enter total. |
| 44 | STC, COC, or designee shall total actual reimbursable amounts in item 43, and enter total. |

Notice SP-54

3 Completing FSA-218 (Continued)

A Instructions for Completing FSA-218 (Continued)

| Part C – Fixed Transportation Costs (Continued from Page 2) | |
|--|---|
| 45 | Producer must provide an eligible agricultural commodity and/or input. |
| 46 | Producer must provide the number of eligible units (quantity) that represent the eligible agricultural commodity and/or input from item 45. |
| 47 | Producer must provide the unit of measure applicable to the corresponding eligible agricultural commodity and/or input from item 45. |
| For FSA Use Only | |
| 48 | STC, COC, or designee shall provide the approved fixed transportation cost rate per unit for the corresponding eligible agricultural commodity and/or input from item 45. |
| 49 | STC, COC, or designee shall multiply item 46 times item 48, and enter total. |
| 50 | STC, COC, or designee shall multiply item 49 times item 5, and enter total. |
| 51 | STC, COC, or designee shall total fixed reimbursable amounts in item 50, and enter total. |
| Part D – Set Transportation Costs (Continued from Page 2) | |
| 52 | Producer must provide an eligible agricultural commodity and/or input. |
| 53 | Producer must provide the number of eligible units (quantity) that represent the eligible agricultural commodity and/or input from item 52. |
| 54 | Producer must provide the unit of measure applicable to the corresponding eligible agricultural commodity and/or input from item 52. |
| For FSA Use Only | |
| 55 | STC, COC, or designee shall provide the approved set transportation cost rate per unit for the corresponding eligible agricultural commodity and/or input from item 52. |
| 56 | STC, COC, or designee shall multiply item 53 times item 55, and enter total. |
| 57 | STC, COC, or designee shall multiply item 56 times item 5, and enter total. |
| 58 | STC, COC, or designee shall total set reimbursable amounts in item 57, and enter total. |

Note: Additional pages may be added to FSA-218, as necessary, if agricultural commodities and/or inputs being claimed exceed the space provided.

Notice SP-54

4 Action

A State Office Action

State Offices shall ensure that County Offices:

- are informed of the contents of this notice
- immediately take the required action provided in this notice
- see Notice SP-53 for additional policy.

B County Office Action

County Offices shall immediately take the action provided in this notice to ensure that FY 2010 RTCF applications are completed according to this notice.

Example of FSA-218

The following is an Example of FSA-218.

This form is available electronically.

| | | | | | | |
|--|--|---|--|-------------------------------------|-----------------------|------------------------|
| FSA-218 (08-03-10) | | U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency | | 1. State Code 02 | 2. County Code 003 | 3. Fiscal Year 2010 |
| REIMBURSEMENT TRANSPORTATION COST PAYMENT PROGRAM (RTCP) FOR GEOGRAPHICALLY DISADVANTAGED FARMERS AND RANCHERS APPLICATION | | | | 4. Application Number: 0001 | | |
| | | | | FOR FSA USE ONLY | | |
| | | | | 5. Cost of Living Rate (COLA): 23 % | | |

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) Charles Jacobson 1123 Peter Drive Homer, Alaska 00001 | 7A. Contact Producer's Name and Address (Including Zip Code) Charles Jacobson (same as 6A) |
| 6B. Telephone and/or Cell Number (Include Area Code): 123-555-6565 <input type="checkbox"/> Home <input checked="" type="checkbox"/> Cell | 7B. Telephone and/or Cell Number (Optional) (Include Area Code): <input type="checkbox"/> Home <input type="checkbox"/> Cell |
| 6C. Email (Optional): likeprograms@cox.net | 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 checked="" 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 checked="" type="checkbox"/> Actual Rate <input checked="" type="checkbox"/> Fixed Rate <input checked="" type="checkbox"/> Set Rate |
|--|---|

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) |
| Cattle | 500 | head | \$ 325 | \$ 162,500.00 | \$ 37,375.00 |
| Fertilizer | 800 | pounds | \$ 1.25 | \$ 1,000.00 | \$ 230.00 |
| Tractor Starter | 2 | piece | \$ 899.00 | \$ 1,798.00 | \$ 413.54 |
| Fuel | 8800 | gallons | \$ 3.77 | \$ 33,176.00 | \$ 7630.48 |
| 16. Total Actual Transportation Costs: | | | | | \$ 45,649.02 |

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.

Example of FSA-218 (Continued)

| FSA-218 (08-03-10) | | | | | | Page 2 of 7 |
|---|---------------------------|------------------------|----------------------|---|--|-------------|
| 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) | |
| Plants 5" pot | 33 | piece | \$ 4.18 | \$ 137.94 | \$ 31.73 | |
| Seed | 60 | pounds | \$ 1.50 | \$ 90.00 | \$ 20.70 | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| 23. Total Fixed Transportation Costs: | | | | | \$ 52.43 | |
| 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) | |
| Dry Chemical | 150 | pounds | \$ 0.08 | \$ 12.00 | \$ 2.76 | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| 30. Total Set Transportation Costs: | | | | | \$ 2.76 | |
| 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) | | | | \$ 46,537.58 | | |
| 32. Enter the total from Item 31, if less than \$8,000. If greater than \$8,000, enter \$8,000. | | | | \$ 8,000.00 | | |
| 33. Factored amount, if applicable. | | | | \$ | | |

Example of FSA-218 (Continued)

FSA-218 (08-03-10)

Page 3 of 7

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, 15USC 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) |
|---------------------|--|-------------------------------|------------|----------------------------|
| | Producer | 9-20-XX | 50 % | 1143 |
| | Producer | 9-20-XX | 50 % | 1277 |
| | | | % | |
| | | | % | |
| | | | % | |

Example of FSA-218 (Continued)

| | | | |
|---|---|--|--|
| FSA-218 (08-03-10) | | Page 4 of 7 | |
| PART G – STC OR COUNTY COMMITTEE DETERMINATION (FOR FSA USE ONLY) | | | |
| 35A. STC, COC or Designee Signature | 35B. Title of STC, COC or Designee County Executive Director | 35C. Date (MM-DD-YYYY) 10-01-XX | 35D. Determination (Check one): <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Complete Item 35G) <input type="checkbox"/> Partially Approved (Complete Item 35G) |
| 35E. Name and Address of County FSA Office Laurel County FSA 8800 Somerset Drive Homer, Alaska 00001 | | 35F. Telephone Number (Include Area Code) 123-656-0909 | 35G. Justification for Disapproval/Partial Approval |
| 36A. Signature of Second Party Review | 36B. Title of Second Party Reviewer Program Technician | 36C. Date Signed (MM-DD-YYYY) 10-01-XX | |
| 37. Additional Remarks | | | |

