

For: IN, KY, TN, and VA State and County Offices

Tobacco Loss Assistance Program 2001 (TLAP01)

Approved by: Acting Deputy Administrator, Farm Programs



1 Overview

A

Background

The Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Act, 2002, provides that the Secretary shall make payments not later than March 31, 2002, to growers and quota holders of fire-cured (types 22, 23), dark air-cured (types 35, 36) and Virginia sun-cured (type 37) tobaccos in Indiana, Kentucky, Tennessee, and Virginia, as applicable.

Payment software and rates will be forthcoming.

B

Purpose

This notice provides:

- program signup information
- instructions for accepting TLAP01 applications (CCC-951 and CCC-951-A (Continuation)).

2 Program Signup Information

A

Signup Period

Applications will be accepted starting February 11, 2002, through March 8, 2002. Late-filed applications shall **not** be approved.

Note: STC shall submit hardship recommendations to DAFP through TPD.

Continued on the next page

| | |
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| <p>Disposal Date</p> <p>September 1, 2002</p> | <p>Distribution</p> <p>Above State Offices; State Offices relay to County Offices</p> |
|--|--|

Notice TB-1032

2 Program Signup Information (Continued)

B

Payments

Payments will be made during March and will be distributed as follows:

- 1/3 to owner (basic quota pounds)
- 1/3 to controller (effective quota pounds)
- 1/3 to grower (effective quota pounds).

Note: County Release No. 480 will provide payment software.

C

Eligible Person

An eligible person is 1 who owns, controls, or grows eligible tobacco on an eligible farm.

Definitions: An owner is the person/persons or entities who owns the quota assigned to the farm at the tract level.

A controller is the person/persons or entities who controls the land that is used to produce the tobacco and also shares in the risk of production of the tobacco.

A grower is the person/persons or entities who provides labor to produce the tobacco on the farm and also shares in the risk of production.

D

AD-1026 and FSA-570

AD-1026 requirements according to 6-CP are applicable to TLAP01.

FSA-570 is **not** applicable for TLAP01.

E

Eligible Farm

An eligible farm is 1 for which, irrespective of temporary transfers or undermarketings, a basic quota or allotment for an eligible tobacco was established for the 2001 crop year.

Note: A farm need not have earned plant and considered planted (P&CP) credit to be considered an eligible farm.

Continued on the next page

Notice TB-1032

2 Program Signup Information (Continued)

F

Eligible Tobaccos The following types of tobacco are eligible for TLAP01 payments:

- fire-cured (types 22, 23)
 - dark air-cured (types 35, 36)
 - Virginia sun-cured (type 37).
-

G

Eligible Quota

A procedure in County Release No. 478 will capture basic and effective allotments from the “2001 Other Kinds of Tobacco Farm Crop” file in IN, KY, TN, and VA. This information will determine eligible quota for TLAP01 based on the 2001 allotment times the national yields. The national yields are as follows.

| Type of Tobacco | National Yield |
|------------------------|-----------------------|
| Fire-cured | 2,601 |
| Dark air-cured | 2,337 |
| Virginia sun-cured | 1,512 |

H

Application

Applications shall be accepted using the following:

- CCC-951 (Exhibit 1)
- CCC-951-A (Continuation) (Exhibit 2).

Applications may be removed from the County Office to obtain signatures. Applications with original signatures **must not** be removed. Provide a copy of the application if additional signatures must be obtained.

Note: County Release No. 479 will provide software for entering and processing applications.

Notice TB-1032

3 Action

A County Office Action

County Offices shall:

- publicize TLAP01 by all means possible
 - begin accepting applications on February 11, 2002.
-

B COC Action

COC or designee shall:

- complete CCC-951, Part E
- approve or disapprove all CCC-951's

Note: Appeals will be handled according to 1-APP.

- send letters to applicants of disapproved applications
- send letter to applicants who are not eligible for payment because of disputed shares
- make application changes at time of approval
- note, initial, and date the justification for the changes in the remarks section of CCC-951

Example: Farm 25 has 2 tracts. Tract 1, owned by Bill and Tom, has 200 lbs. of basic quota. Tract 2, owned by Bill, has 100 lbs. of basic quota. Bill signs for an owner share of 200 lbs. (100 lbs. from each tract) Tom never signs, leaving the shares on Tract 1 disputed. COC shall:

- mark through Bill's 200 lbs. on CCC-951, changing Bill's allocation to the 100 lbs. of undisputed basic quota
 - note, initial, and date the justification for the change as directed in this paragraph.
-

Continued on the next page

Notice TB-1032

3 Action (Continued)

B

COC Action (Continued)

- approve payments to individuals who have timely filed an application, but other parties that share in the quota payment pounds with these individuals have not filed an application

Note: Because TLAP01 is a certification program, approve quota payment pounds, as indicated by the applicant, not to exceed quota pounds available for payment to the farm.

- continue to disapprove payments to individuals with disputed payment pounds

Note: All disputes must be settled among all interested parties before March 22, 2002, for applications for payment to be approved.

- redelegate authority to approve or disapprove CCC-951's to CED if necessary to make payments before March 31, 2002.
-

C

State Office Action

SED's shall:

- ensure that County Offices follow the provisions in this notice
 - publicize TLAP01 by all means possible
 - submit STC recommendations for late-filed applications to DAFP through TPD.
-

CCC-951, Tobacco Loss Assistance Program Payment Application TLAP01

The following is an example of CCC-951.

REPRODUCE LOCALLY. Include form number and date on all reproductions.

| | | | |
|---|--|----------------|--------|
| CCC-951 (02-04-02) U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency TOBACCO LOSS ASSISTANCE PROGRAM PAYMENT APPLICATION TLAP01 NOTE: The authority for collecting the following information is Pub. L. 107-76. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act 1995. | 1. STATE CODE | 2. COUNTY CODE | 3. FSN |
| | 31 | 100 | 9999 |
| 4. KIND OF TOBACCO | | | |
| <input checked="" type="checkbox"/> DARK FIRE-CURED (TYPES 35, 36) <input type="checkbox"/> VA SUN-CURED (TYPE 37) | | | |
| <input type="checkbox"/> FIRE-CURED (TYPES 22, 23) | | | |
| The following statement is made in accordance with the Privacy and Paperwork Reduction Acts, as amended. The authority for requesting the following information is the Agricultural Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2002, (Public Law 107-70). The information will be used to determine eligibility for program benefits. Furnishing the requested information is voluntary. However, failure to furnish the requested information will 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 Commodity Credit Corporation. 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. | | | |
| 5A. OPERATOR NAME AND ADDRESS (including ZIP Code) | 7A. COUNTY OFFICE NAME AND ADDRESS (including ZIP Code) | | |
| Rhonda Queen 1 Mascher Lane Mayeville, KY 69999 | Mason County Office Maysville, KY 69999 | | |
| 5B. TELEPHONE NUMBER: (606) 444-6666 | 7B. TELEPHONE NUMBER: (606) 444-4000 | | |
| 6. SOCIAL SECURITY NUMBER OR EIN: 311-31-1113 | | | |
| PART A - PRODUCER'S CERTIFICATION | | | |
| I certify that all the information entered on this application is true and correct. I also certify that I am a person who owns or leases quota or who produces eligible tobacco on a farm: 1) for which the quantity of quota of eligible tobacco was established for 2001 crop year under the Agricultural Adjustment Act of 1938, as amended. Providing a false certification to the government is punishable by imprisonment, fines, and other penalties. All information provided herein is subject to verification by the Farm Service Agency. The provision of criminal and civil fraud statutes that apply to this certification, includes 18 USC 256, 297, 371, 641, 651, 1001 and 1014; USC 714m; and 31 USC 3729. | | | |
| By signing this document, I am acknowledging I have read this certification and agree to the terms of the certification as stated above. | | | |
| PART B - ALLOCATION OF OWNER 2001 BASIC QUOTA POUNDS (TO BE COMPLETED FOR ALL ELIGIBLE KINDS OF TOBACCO) | | | |
| LIST PERSON(S) OR ENTITIES WHO OWN THE TOBACCO QUOTA FOR THE FSN LISTED IN ITEM 3 ABOVE: | 8. TOTAL BASIC QUOTA POUNDS TO BE ALLOCATED FOR THE FSN LISTED IN ITEM 3. → 20,000 | | |
| 9. OWNER NAME AND ADDRESS (including ZIP Code) | | | |
| Sue Lancelot 4 Fair Street Nashville, TN 40001 | | | |
| 10. SOCIAL SECURITY NUMBER OR EIN: 555-11-3355 | 11. POUNDS ALLOCATED BY OWNER → 20,000 | | |
| 12. SIGNATURE OF OWNER | DATE | | |
| /s/ Sue Lancelot | XX-XX-XXXX | | |
| 13. OWNER NAME AND ADDRESS (including ZIP Code) | | | |
| | | | |
| 14. SOCIAL SECURITY NUMBER OR EIN: | 15. POUNDS ALLOCATED BY OWNER → | | |
| 16. SIGNATURE OF OWNER | DATE | | |
| | | | |
| 17. TOTAL BASIC QUOTA POUNDS ALLOCATED, BRING FORWARD TOTALS FROM CCC-951-A CONTINUATION, IF APPLICABLE (MUST NOT EXCEED BASIC QUOTA POUNDS LISTED IN ITEM 8.) | → 20,000 | | |
| ADDITIONAL OWNERS MUST BE INCLUDED ON CCC-951-A (CONTINUATION FORM) | | | |

Continued on the next page

CCC-951, Tobacco Loss Assistance Program Payment Application TLAP01 (Continued)

| | | | |
|--|--|--|--------------|
| CCC-951 (02-04-02) | | Page 2 of 2 | |
| PART C - ALLOCATION OF CONTROLLER 2001 EFFECTIVE QUOTA POUNDS | | | |
| LIST PERSONS OR ENTITIES WHO CONTROLLED THE LAND USED TO PRODUCE TOBACCO AND SHARED IN THE RISK OF PRODUCTION: (COMPLETE ONLY IF APPLICABLE) | | 18. TOTAL EFFECTIVE QUOTA POUNDS TO BE ALLOCATED FOR THE FSN LISTED IN ITEM 3: → | 28,000 |
| 19. CONTROLLER NAME AND ADDRESS (Including ZIP Code) Rhonda Queen 1 Naccar Lane Maysville, KY 69399 | | 21. POUNDS ALLOCATED BY CONTROLLER → | 28,000 |
| 20. SOCIAL SECURITY NUMBER OR EIN: 311-31-1113 | | DATE XX-XX-XXXX | |
| 22. SIGNATURE OF CONTROLLER /s/ Rhonda Queen | | DATE XX-XX-XXXX | |
| 23. CONTROLLER NAME AND ADDRESS (Including ZIP Code) | | 25. POUNDS ALLOCATED BY CONTROLLER → | |
| 24. SOCIAL SECURITY NUMBER OR EIN: | | DATE | |
| 26. SIGNATURE OF CONTROLLER | | DATE | |
| 27. TOTAL EFFECTIVE QUOTA POUNDS ALLOCATED. BRING FORWARD TOTALS FROM CCC-951-A CONTINUATION, IF APPLICABLE (MUST NOT EXCEED EFFECTIVE QUOTA POUNDS LISTED IN ITEM 18.) | | → 28,000 | |
| ADDITIONAL CONTROLLERS MUST BE INCLUDED ON CCC-951-A (CONTINUATION FORM) | | | |
| PART D - ALLOCATION OF GROWER 2001 EFFECTIVE QUOTA POUNDS | | | |
| LIST ONLY GROWERS WHO PROVIDED LABOR TO PRODUCE TOBACCO AND SHARED IN THE RISK OF PRODUCTION: | | 28. TOTAL EFFECTIVE QUOTA POUNDS TO BE ALLOCATED FOR THE FSN LISTED IN ITEM 3: → | 28,000 |
| 29. GROWER NAME AND ADDRESS (Including ZIP Code) Rhonda Queen 1 Naccar Lane Maysville, KY 69399 | | 31. POUNDS ALLOCATED BY GROWER → | 20,000 |
| 30. SOCIAL SECURITY NUMBER OR EIN: 311-31-1113 | | DATE XX-XX-XXXX | |
| 32. SIGNATURE OF GROWER /s/ Rhonda Queen | | DATE XX-XX-XXXX | |
| 33. GROWER NAME AND ADDRESS (Including ZIP Code) Smokir, S. Todd 2 King of the Hill Rd Lexington, KY 68389 | | 35. POUNDS ALLOCATED BY GROWER → | 2,000 |
| 34. SOCIAL SECURITY NUMBER OR EIN: 459-66-3041 | | DATE | |
| 36. SIGNATURE OF GROWER /s/ S.S. Todd | | DATE XX-XX-XXXX | |
| 37. TOTAL EFFECTIVE QUOTA POUNDS ALLOCATED. BRING FORWARD TOTALS FROM CCC-951-A CONTINUATION, IF APPLICABLE (MUST NOT EXCEED EFFECTIVE QUOTA POUNDS LISTED IN ITEM 28.) | | → 28,000 | |
| ADDITIONAL GROWERS MUST BE INCLUDED ON CCC-951-A (CONTINUATION FORM) | | | |
| PART E - COC DETERMINATION | | | |
| 38. APPLICATION STATUS <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | | 39. SIGNATURE OF COC OR DESIGNEE /s/ Mary Sabben | TITLE CED |
| | | DATE XX-XX-XXXX | |
| <small>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.</small> | | | |

CCC-951-A (Continuation), Tobacco Loss Assistance Program Payment Application TLAP01 (Continuation Sheet)

The following is an example of CCC-951-A (Continuation).

REPRODUCE LOCALLY. Include form number and date on all reproductions

| | | | | | | |
|---|--|---|---|---|------------------------|-----------------------------|
| CCC-951-A (Continuation) (02-04-02) | | U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency | | 1. STATE CODE 31 | 2. COUNTY CODE 100 | 3. FSN 3999 |
| TOBACCO LOSS ASSISTANCE PROGRAM PAYMENT APPLICATION TLAP01 (CONTINUATION SHEET) | | | | 4. KIND OF TOBACCO <input checked="" type="checkbox"/> DARK AIR-CURED (TYPES 35, 36) <input type="checkbox"/> VA SUN-CURED (TYPE 37) <input type="checkbox"/> FIRE-CURED (TYPES 22, 23) | | |
| NOTE: This form must be attached to CCC-951 The authority for collecting the following information is Pub. L. 107-76. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act 1995. | | | | 5. PAGE 1 OF 1 | | |
| The following statement is made in accordance with the Privacy and Paperwork Reduction Acts as amended. The authority for requesting the following information is the Agricultural Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2002, (Public Law 107-76). The information will be used to determine eligibility for program benefits. Furnishing the requested information is voluntary. However, failure to furnish the requested information will 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 Commodity Credit Corporation. 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. | | | | | | |
| 6. NAME AND ADDRESS (including ZIP Code) Javier Tarca 1099 Horse Rd Lexington, KY 40503 | | | 21. NAME AND ADDRESS (including ZIP Code) | | | |
| 7. SOCIAL SECURITY NO. OR EIN 604-99-0051 | | 8. NO. OF POUNDS ALLOCATED 6,000 | | 22. SOCIAL SECURITY NO. OR EIN | | 23. NO. OF POUNDS ALLOCATED |
| 9. TYPE OF ALLOCATED POUNDS <input type="checkbox"/> OWNER BASIC POUNDS <input checked="" type="checkbox"/> CONTROLLER EFFECTIVE POUNDS <input checked="" type="checkbox"/> GROWER EFFECTIVE POUNDS | | | 24. TYPE OF ALLOCATED POUNDS <input type="checkbox"/> OWNER BASIC POUNDS <input type="checkbox"/> CONTROLLER EFFECTIVE POUNDS <input type="checkbox"/> GROWER EFFECTIVE POUNDS | | | |
| 10. SIGNATURE /s/ J. Tarca | | | DATE XX-XX-XXXX | | 25. SIGNATURE _____ | |
| 11. NAME AND ADDRESS (including ZIP Code) | | | 26. NAME AND ADDRESS (including ZIP Code) | | | |
| 12. SOCIAL SECURITY NO. OR EIN | | 13. NO. OF POUNDS ALLOCATED | | 27. SOCIAL SECURITY NO. OR EIN | | 28. NO. OF POUNDS ALLOCATED |
| 14. TYPE OF ALLOCATED POUNDS <input type="checkbox"/> OWNER BASIC POUNDS <input type="checkbox"/> CONTROLLER EFFECTIVE POUNDS <input type="checkbox"/> GROWER EFFECTIVE POUNDS | | | 29. TYPE OF ALLOCATED POUNDS <input type="checkbox"/> OWNER BASIC POUNDS <input type="checkbox"/> CONTROLLER EFFECTIVE POUNDS <input type="checkbox"/> GROWER EFFECTIVE POUNDS | | | |
| 15. SIGNATURE _____ | | | DATE _____ | | 30. SIGNATURE _____ | |
| 16. NAME AND ADDRESS (including ZIP Code) | | | 31. NAME AND ADDRESS (including ZIP Code) | | | |
| 17. SOCIAL SECURITY NO. OR EIN | | 18. NO. OF POUNDS ALLOCATED | | 32. SOCIAL SECURITY NO. OR EIN | | 33. NO. OF POUNDS ALLOCATED |
| 19. TYPE OF ALLOCATED POUNDS <input type="checkbox"/> OWNER BASIC POUNDS <input type="checkbox"/> CONTROLLER EFFECTIVE POUNDS <input type="checkbox"/> GROWER EFFECTIVE POUNDS | | | 34. TYPE OF ALLOCATED POUNDS <input type="checkbox"/> OWNER BASIC POUNDS <input type="checkbox"/> CONTROLLER EFFECTIVE POUNDS <input type="checkbox"/> GROWER EFFECTIVE POUNDS | | | |
| 20. SIGNATURE _____ | | | DATE _____ | | 35. SIGNATURE _____ | |

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