OMB Approved No: 0503-0028 OMB Expiration Date: 10/31/2027

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FSA-1140	U.S. DEPARTMENT OF AGRICULTURE		FOR COUNTY OFFICE USE ONLY			
(12-10-24)	Farm Service Agency	1. Recording State		2. Recording Cour	nty	
		Name	Code	Name	Code	
MADI	VETIMO ACCIOTAMOS SOD ODSOLALTY ODODO (MACO) ADDI ICATIONI					
WARK	RKETING ASSISTANCE FOR SPECIALTY CROPS (MASC) APPLICATION	3. Program Year		4. Application Nun	nber	

INSTRUCTIONS: Return this completed form to your County FSA Office.

PART A - PRODUCER AGREEMENT

The U.S. Department of Agriculture (USDA) will make MASC payments to eligible producers who meet the requirements of the program. The following information is needed for USDA to determine if the producer is eligible to receive a MASC payment. By submitting this application, the producer agrees:

- 1. To comply with, and acknowledges the applicant is subject to, all provisions published in the Notice of Funds Availability (NOFA) published by FSA. A copy of this document may be found at: www.fsa.usda.gov/marketing-assistance-specialty-crops.
- 2. That they are in the business of farming at the time of application and are entitled to an ownership share and share in the risk of producing a specialty crop that will be sold in calendar year 2025.
- 3. That a MASC payment will only be made with respect to sales for specialty crops grown in the United States by the producer.
- 4. To provide USDA access to all documents and records necessary to verify the accuracy of the information provided in this application, including those in the possession of a third-party, such as a warehouse operator, processor or packer.
- 5. That the application may be disapproved if the producer fails to provide a complete application, or any information requested by FSA within 15 days of the request.
- 6. To comply with payment limitation, adjusted gross income limitation, and other applicable rules by submitting the following forms required by the NOFA:
 - FSA-1141, Marketing Assistance for Specialty Crops (MASC) New Producer Expected Sales Worksheet, and supporting documentation by the MASC application deadline, if applicable
 - CCC-902, Farm Operating Plan for Payment Eligibility
 - CCC-901, Member Information for Legal Entities, if applicable
 - CCC-941, Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information
 - CCC-942, Certification of Income from Farming, Ranching and Forestry Operations, if applicable
 - AD-1026, Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification
 - AD-2047, Customer Data Worksheet, if applicable.

PART B – PRODUCER INFORMATION					
5. Producer's Name (Person or Legal Entity)			6. Information Line		DATE STAMP
7A. Address Line 1			8A. Primary Phone Number	☐ Home ☐ Cell	
7B. Address Line 2			8B. Alternate Phone Number	☐ Home ☐ Cell	
7C. City	7D. State	7E. Zip	9. Email Address		

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PART C - SALES										
10. Year	11. Total Specialty Crop Sales	FOR COUNTY OFFICE USE ONLY								
2023 2024 2025 (new producer only)	\$	12. COC Adjusted Sales \$								
PART D – PRODUCER CERTIFICATION										
I hereby sign and acknowledge under penalty of perjury in accordance with 28 U.S.C. 1746 and 18 U.S.C. 1621 that the information provided is true and correct.										
13A. Producer's Signature (By)	13B. Title/Relationship of Representative	13C. Date (MM/DD/YYYY)								
PART E – COUNTY COMMITTEE (COC) DETERMINATION										
14. COC or Designee Signature	15. Date (MM/DD/YYYY)	16. Determination								
		☐ Approved ☐ Disapproved								

Privacy Act Statement: 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 Commodity Credit Corporation (CCC) Charter Act (15 U.S.C. 714c(e)). The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, and 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 program benefits. Payments may be made under the program to which the form applies only to the extent permitted by applicable authorities.

Public Burden Statement (Paperwork Reduction Act): Public reporting burden for this collection is estimated to average 60 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection, or USDA may not conduct or sponsor a collection of information unless it displays a valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden by emailing to: askusda@usda.gov (OMB NO. 0503-0028).

Non-Discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: mailto:program.intake@usda.gov.

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