

CCC-852 (06-24-21)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. State and County Code	2. Calendar Year
LIVESTOCK INDEMNITY PROGRAM APPLICATION 2021 and Subsequent Years		3. County Office Name	4. Application Number

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 1416, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.) and the Agricultural Act of 2014 (Pub. L. 113-79), as amended. The information will be used to determine eligibility for livestock indemnity program benefits. 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 livestock indemnity program benefits.*

Paperwork Reduction Act (PRA) Statement: *The information collection is exempted from PRA as specified in 7 U.S.C. 9091(c)(2)(B).*

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

PART A – PRODUCER INFORMATION

5. Producer's Name and Address (City, State and Zip Code)

PART B – NOTICE OF LOSS

6A. Notice of Loss Number	6B. Livestock Unit	6C. Associated Producers	6D. Eligible Loss Condition	6E. Eligible Loss Condition Start Date (MM-DD-YYYY)	6F. Eligible Loss Condition End Date (MM-DD-YYYY)	6G. Date Livestock Loss Is Apparent (MM-DD-YYYY)

7. Where were the claimed livestock physically located at the time they died? (Include County name, farm number, etc.)	8. Where is the current physical location of the livestock in inventory?
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9. I certify that I have incurred livestock losses due to the eligible loss condition listed in Items 6A - G and the livestock losses occurred or were apparent to me on the date(s) listed in Item 6G.

9A. Producer's Signature (By)	9B. Title/Relationship of the Individual Signing in the Representative Capacity	9C. Date (MM/DD/YYYY)
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10. Producer certifies that all information in Part B is correct, whether personally entered by the producer or another party, and acknowledges receipt of a copy of this form.

PART C – COUNTY COMMITTEE DETERMINATION OF LOSS

11. COC approves or disapproves, as applicable, this notice of loss in Part B.

A. COC or Designee Signature	B. Date (MM/DD/YYYY)	C. Determination <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval
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Producer Name	Calendar Year
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PART D – APPLICATION FOR PAYMENT	COC USE ONLY
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12. Notice of Loss Number	13. Contract Grower		14A. Livestock Kind/Type and Weight Range	14B. Unweaned <i>(Applicable for Extreme Cold Only)</i>		15. Share	16. Number of Livestock Sold Before First Notice of Loss	17. Number of Livestock in Inventory on Day Before Eligible Loss Condition	18. Number of Livestock Lost Due to Eligible Loss Condition	19. Number of Livestock Lost Due to Normal Mortality	20. Number of Livestock Added to Inventory Between Notices of Loss	21. Number of Livestock Sold Due to Injury	22. Amount Received for Livestock Sold at Reduced Price	23. Adjusted Number of Livestock in Inventory on Day Before Eligible Loss Condition	24. Adjusted Number of Livestock Lost Due to Eligible Loss Condition	25. Adjusted Number of Livestock lost Due to Normal Mortality	26. Adjusted Number of Livestock Sold Due to Injury	27. Adjusted Amount Received for Livestock Sold at Reduced Price		
	YES	NO		YES	NO															
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>															
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>															
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>															
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>															
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>															

PART E – DOCUMENTATION OF BEGINNING INVENTORY
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28. List the document(s) provided to verify beginning inventory. Attach copies of documents.	Number of Livestock
Example: Receipt from Harry's Sale Barn for purchase of 25 feeder pigs on November 10, 2014	25
A.	
B.	
C.	
D.	

PART F – DOCUMENTATION TO VERIFY SALES AND PURCHASES

29. List the documents(s) provided to verify livestock sales and/or purchases. Attach copies of documents.	Number of Livestock
Example: Receipts from Bill's Sale Barn for the sale of 5 pigs May 1, 2014	5
A.	
B.	
C.	
D.	

PART G – DOCUMENTATION TO VERIFY LIVESTOCK LOSSES
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30. List the document(s) provided to verify livestock losses. Attach copies of documents.	Number of Livestock
Example: Rendering receipt for pick up of 10 pigs March 12, 2014	10
A.	
B.	
C.	
D.	

PART H – DOCUMENTATION TO VERIFY LIVESTOCK SOLD AT REDUCED SALES PRICES
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31. List the document(s) provided to prove livestock sales at reduced sale prices.	Number of Livestock
A.	
B.	
C.	

PART I – SIMILAR LOSS/CONTRACT GROWERS

32. Other Compensation (<i>Contract Growers</i>) \$	33. Reduction \$
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PART J – PRODUCER CERTIFICATION

Payments under the Livestock Indemnity Program will be made with respect to certain livestock deaths and/or injuries occurred as a direct result of an eligible adverse weather event, except drought, disease, or attacks by animals reintroduced into the wild by the Federal Government or protected by Federal law, including wolves and avian predators. Each producer must file a separate form CCC-852 to be eligible to receive program benefits. By signing this application for a LIP payment, and for the purposes of administering LIP, the producer:

- Agrees to provide CCC 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 CCC;
- Authorizes CCC, at any time, with or without their presence, to enter upon, inspect and verify all livestock, livestock deaths and/or injuries, and acreage in which they have an interest;
- 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;
- Authorizes CCC to obtain from third parties, such as, but not limited to, other government agencies, individuals, auction barns, contractors or processors, feed vendors, veterinarian services, and rendering services, records or other evidence that substantiates the information provided on this application or any supporting documentation provided.

I certify that:

- If applying as an individual, that I am a citizen of the United States or a resident alien; 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 organizational structure, the entity is organized under State law. If applying as a Indian tribe or tribal organization, an Indian tribe or tribal organization (as those terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304));
- On the day livestock died or were injured, I owned or was a contract grower of all livestock entered on this application and physically maintained control of all such livestock on that date for commercial use as part of my farming operation;
- All livestock entered as losses on this application died or were injured as a direct result of an eligible adverse weather event(s) or eligible animal attack during the calendar year in Item 2 and no later than 30 calendar days from the ending dates of such adverse weather event(s), disease(s), or eligible animal attack(s) provided in Item 6 in the county provided in Item 7, and that all losses occurred on or after October 1, 2011;
- For injured livestock sold at a reduced price, I received compensation for those livestock as provided in Item 22.
- I have not received any compensation for livestock losses listed on this application pursuant to section 10407(d) of the Animal Health Protection Act (7 U.S.C. 8306(d)).

All livestock entered on LIP Documentation Reconciliation Worksheet and this application meet all the livestock eligibility criteria provided in 7 CFR Part 1416 Subpart D, including being maintained for commercial use as part of my farming operation;

- 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; and

All information on this application and all supporting documents I provided is true and correct.

34A. Producer’s Signature (<i>By</i>)	34B. Title/Relationship of the Individual Signing in the Representative Capacity	34C. Date (<i>MM/DD/YYYY</i>)
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PART K – COUNTY COMMITTEE DETERMINATION

35A. COC or Designee Signature	35B. Date (<i>MM/DD/YYYY</i>)	35C. Determination <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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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 http://www.ascr.usda.gov/complaint_filing_cust.html 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: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.