

<b>FSA-888-1</b> (05-28-24)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency (FSA) Commodity Credit Corporation	1. Recording State Name/Code	2. Recording County Name/Code
<b>FOOD SAFETY CERTIFICATION FOR SPECIALTY CROPS PROGRAM (FSCSC) FOR PROGRAM YEARS 2024 and 2025</b>		3. Program Year	4. Application No.

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 714c(e)). The information will be used to determine the applicant's ability to participate in and receive benefits under the Food Safety Certification for Specialty Crops Program. 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 that the applicant is unable to participate in and receive benefits under the Food Safety Certification for Specialty Crops Program.*

**Public Burden Statement (Paperwork Reduction Act):** *According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0311. The time required to complete this information collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Desk Clearance Officer, OIRM (OMB NO. 0560-0311), Washington, D.C. 20250.*

*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 – APPLICANT INFORMATION**

5. Applicant's Name	6. Address (City, State and Include Zip Code)	7. Have you participated in FSA programs? <input type="checkbox"/> YES <input type="checkbox"/> NO  <i>(If "NO", please fill out AD-2047 and SF-3881)</i>	8. Phone Number (Including Area code)
			9. Email Address

**PART B – CERTIFICATION INFORMATION & EXPENSES**

10. Category of Expenses (Check all that apply) and Expenses (applicant completes columns 10A, 10B, 10C, and 10E):

10A. Category of Expenses	10B. Expenses	10C. Number of Tests	10D. COC Adjustment of Expenses	10E. Other Reimbursement for Expenses Received	10F. COC Adjustment of Other Reimbursement for Expenses Received
<input type="checkbox"/> Food Safety Certification	\$		\$	\$	\$
<input type="checkbox"/> Food Safety Plan Development (1 <sup>st</sup> time)	\$		\$	\$	\$
<input type="checkbox"/> Maintaining or updating Food Safety Plan	\$		\$	\$	\$
<input type="checkbox"/> Certification Upload Fees	\$		\$	\$	\$
<input type="checkbox"/> Microbiological Testing – products	\$		\$	\$	\$
<input type="checkbox"/> Microbiological Testing – soil amendments	\$		\$	\$	\$
<input type="checkbox"/> Microbiological Testing - water	\$		\$	\$	\$
<input type="checkbox"/> Training	\$		\$	\$	\$

11. Are you a small business?  YES  NO (Small business means a farm that had an average annual monetary value of specialty crops the farm sold during the 3-year period preceding the program year of no more than \$500,000.)

12. Are you a medium size business?  YES  NO (Medium size business means a farm that had an average annual monetary value of specialty crops the farm sold during the 3-year period preceding the program year of at least \$500,001 but no more than \$1,000,000.)

**DATE STAMPED**

**PART C – APPLICANT CERTIFICATION STATEMENT**

*Each applicant must submit a complete application to an FSA county office to be eligible to receive program benefits. A complete application includes this form, FSA-888-1, and forms AD-2047 and SF-3881 if not previously filed with FSA. By signing this application, applicant:*

1. Has completed the food safety plan and certification process and agrees to provide FSA with any documentation required to determine eligibility, and to verify and support all information provided, including applicant's food safety certificate or plan, if requested by FSA;
2. Understands the application may be disapproved if the applicant fails to provide a complete application or any information requested by FSA within 30 days of the request;
3. Agrees to comply with, and acknowledges the applicant is subject to, all provisions of FSCSC as published in the applicable Notice of Funds Availability published in the Federal Register, and all applicable rules and regulations;
4. Understands that FSCSC payments are subject to the availability of funding and are subject to proration if total calculated payments to all eligible applicants exceed available funds. Further understands that late-filed applications received after all funds are obligated will not be paid.
5. Acknowledges that, if determined eligible and funding is available, the applicant's expenses may be adjusted, as determined by the FSA County Committee, from the amounts entered in Item 10 to reflect the eligible expenses as verified by documentation submitted to support the application, if requested by FSA.
6. Acknowledges that FSA will issue payments for the 2024 program year as applications are processed and approved. Payments for the 2025 program year will be issued at 50 percent as applications are processed and approved, with the remaining issued after the end of the application period for the FSA National Office to determine if program year payments are subject to proration.

***I certify that:***

1. The above information provided by me, or my legal representative is true and correct.
2. I understand that failure to provide true and correct information may result in the invalidation of this application, a determination of noncompliance or ineligibility, or other remedies or sanctions. By signing this form, I further acknowledge and understand that any false representation or claims are subject to civil and criminal penalties including, but not limited to, those under 18 U.S.C. 1001.
3. I understand that I may not receive duplicate benefits totaling more than 100% of cost for the same eligible expenses and program year from multiple agencies, including FSA. If it is determined that I have received duplicate benefits, I have no right to retain those payments.

13A. Applicant's Signature (By)	13B. Title/Relationship of the Individual Signing in the Representative Capacity	13C. Date (MM-DD-YYYY)
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**PART D - COUNTY COMMITTEE (COC) DETERMINATION**

14A. COC or Designee Signature	14B. Title of Representative or Designee	14C. Date (MM-DD-YYYY)	14D. Determination: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
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**Nondiscrimination 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, 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, audiotope, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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 [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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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