

Instructions For FSA-888-1

FOOD SAFETY CERTIFICATION FOR SPECIALTY CROPS (FSCSC) FOR PROGRAM YEARS 2024 and 2025

Producers use this form to apply for FSCSC payments for the 2024 and 2025 program years.

Submit the original of the completed form in hard copy to any FSA county office by mail, electronically, or in person. You can find an FSA county office using the USDA Service Center Locator at <http://offices.sc.egov.usda.gov/locator/app>.

In addition to FSA-888-1, you must also submit the following to complete your application:

- SF-3881, if not previously filed with FSA.
- AD-2047, if not previously filed with FSA
- Signature authority if an entity

All documentation and required forms may be submitted in person, electronically or by mail except AD-2047, which may be submitted in person or by phone through any FSA county office.

Producers must complete Items 1 through 13.

Item 14 is for FSA use only.

Items 1-13

Fld Name / Item No.	Instruction
1 Recording State Name/Code	Enter the recording State name and code.
2 Recording County Name/Code	Enter the recording county name and code.
3 Program Year	Enter the program year for which you are applying for benefits. The 2024 program year covers eligible expenses paid to obtain or renew a 2024 food safety certification issued between June 26, 2024, and December 31, 2024. The 2025 program year covers eligible expenses paid to obtain or renew a 2025 food safety certification issued at any time during the 2025 calendar year. Note: Separate FSA-888-1's must be completed for each program year.
4 Application No.	This will be automatically populated, leave blank if a manual form.

Fld Name / Item No.	Instruction
5 Applicant Name	Enter the applicant's name. Note: The applicant's name in Item 5 must match the person or entity listed on the applicant's Food Safety certificate or plan.
6 Applicant's Address	Enter the applicant's address (including ZIP code).
7 Have you recently participated in FSA programs?	Check "YES" or "NO" to indicate whether the applicant has recently participated in FSA programs. If "NO" is selected, you must also submit completed forms AD-2047 and SF-3881 to receive payment.
8 Applicant's Phone Number	Enter the applicant's phone number.
9 Email Address	Enter the applicant's Email address.
10A Category of Expenses	Check the appropriate box(es) to indicate the category of eligible expenses for which you are applying.
10B Expenses	Enter the associated expenses for each selected category. For expenses that apply to more than one category, divide the amount equally among all categories for which the expense was incurred.
10C Number of Tests	Enter the number of tests for each of the three categories.
10D COC Adjustment of Expenses	For COC use only, leave blank
10E Other Reimbursement for Expenses Received	Enter the amount received as reimbursement from other sources for each category of eligible expenses. If zero, leave blank.
10F COC Adjustment of Other Reimbursement for Expenses Received	For COC use only, leave blank
11 Are you a small business?	Check "YES" or "NO" to indicate if you meet the definition of a small business. A 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.

Fld Name / Item No.	Instruction
12 Are you a medium size business?	Check "YES" or "NO" to indicate if you meet the definition of a medium size business. A 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.
13A Applicant's Signature	Applicant signature. Print the form and manually enter your signature.
13B Title/ Relationship of the Individual Signing in the Representative Capacity	If you are signing on behalf of an entity or another individual, enter your representative title/relationship to the entity or individual. Note: If you are not signing in the representative capacity, this field should be left blank.
13C Date	Enter the date the form is signed. (MM-DD-YYYY)

Part D is for FSA use only.