

CCC-851 (06-24-22)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. State and County Code	2. Program Year
EMERGENCY LOSS ASSISTANCE FOR LIVESTOCK APPLICATION		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 emergency loss assistance 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 emergency loss assistance 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

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

5B. Is a CCC-860 form, Socially Disadvantaged, Limited Resource, Beginning Farmer or Rancher, and Veteran Farmer or Rancher Certification, on file for the producer for the program year indicated in Item 2? YES NO

PART B – NOTICE OF LOSS

I am reporting that I have incurred losses due to eligible adverse weather or loss condition(s) listed in Item 7 and the losses occurred and were apparent to me on the date(s) listed in Items 8 and 9.

6. Type of Loss (Check all that apply)

- Grazing Loss – Non-Fire (Part E)
 Grazing Loss - Fire (Part F)
 Produced Feed Loss (Part G)
 Purchased Feed Loss (Part H)
 Additional Feed Purchased & Expenses (Part I)
 Water Transporting (Part J)
 Cattle Tick Fever (Part K)
 Feed and Livestock Transporting (Part L)

7. Eligible Loss Condition	8. Date When Loss Occurred	9. Date When Loss Was Apparent	10. Physical Location County of Loss
Loss Event 1			
Loss Event 2			
Loss Event 3			

11. Where were the livestock physically located on the beginning date of the eligible loss condition(s) provided in 8? (Include County name, farm number, tract number, and field number.)

12. Where is the current physical location of the livestock in inventory? (Include County name, farm number, tract number, and field number.)

Loss Event 1	
Loss Event 2	
Loss Event 3	

13. Associated Producers; list all other producers that have an ownership share of any livestock listed in Items 17 and 18. (List the other producer's name, livestock group from Item 17 and share).

14. 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.

A. Producer's Signature	B. Title/Relationship of the Individual Signing in the Representative Capacity	C. Date (MM-DD-YYYY)
A. Producer's Signature Loss Event 1 (By)		
A. Producer's Signature Loss Event 2 (By)		
A. Producer's Signature Loss Event 3 (By)		

PART C – COUNTY COMMITTEE DETERMINATION OF LOSS

15. COC must approve or disapprove, as applicable, the notice of loss in Part B.

Loss Event	A. COC Signature	B. Date (MM-DD-YYYY)	C. Determination
Loss Event 1			<input type="checkbox"/> Approved <input type="checkbox"/> Disapproval
Loss Event 2			<input type="checkbox"/> Approved <input type="checkbox"/> Disapproval
Loss Event 3			<input type="checkbox"/> Approved <input type="checkbox"/> Disapproval

Date Stamp

PART L – FEED and LIVESTOCK TRANSPORTATION

CURRENT YEAR					NORMAL YEAR				
81. Number of Truckloads	82. Mileage Per Truckload	83. Share %	COC USE ONLY		86. Number of Truckloads	87. Mileage Per Truckload	88. Share %	COC USE ONLY	
			84. COC Adjusted Number of Truckloads	85. COC Adjusted Mileage Per Truckload				89. COC Adjusted Number of Truckloads	90. COC Adjusted Mileage Per Truckload

PART M – OTHER COMPENSATION/REDUCTIONS

91. Other Compensation (<i>Contract Grower Only</i>):	\$
92. Reductions:	\$

PART N – PRODUCER CERTIFICATION

Payments under the Emergency Loss Assistance for Livestock will be made to provide emergency relief to producers of livestock due to losses from loss conditions as determined by the Secretary. Each producer must file a separate form CCC-851 to be eligible to receive program benefits. By signing this application, 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, 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 cooperatives, feed supply companies and rendering services, any records or other evidence that substantiates the information provided on this application or any supporting documentation provided; and

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 organization structure, the entity is organized under State law; if applying as a Indian tribe or tribal organization, the tribe meets the definition according to the terms as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).
- On the beginning date of the eligible loss condition(s) in Item 7, I owned, leased, purchased, entered into a contract to purchase, or was a contract grower of the livestock entered in Item 19 on this application;
- All livestock entered on this application meet all eligibility criteria provided in 7 CFR Part 1416 Subpart B, including being maintained by me for commercial use as part of my farming operation, and if applicable, are livestock that would normally have been grazing the eligible grazing land or pastureland on the beginning date of the eligible loss condition(s);
- All forage information entered on this application meets all eligibility criteria provided in 7 CFR Part 1416 Subpart B;
- All information on this application and all supporting documents provided is true and correct;
- Within the county provided in Item 10 and as a direct result of the eligible loss condition(s) listed in Item 7, I have suffered an eligible grazing loss, feed loss, water transporting expense, livestock feed transporting expense, cattle tick fever expense or incurred additional expenses for the livestock entered on this application in Item 18;
- 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.

93A. Signature (By)	93B. Title/Relationship of the individual signing in the Representative Capacity	93C. Date (MM-DD-YYYY)
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PART O - COUNTY COMMITTEE DETERMINATION

94A. COC or Designee Signature	94B. Date (MM-DD-YYYY)	94C. 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.

CCC-851-A (06-24-22)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. State and County Code	2. Program Year
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CONTINUATION SHEET FOR EMERGENCY LOSS ASSISTANCE FOR LIVESTOCK APPLICATION

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Additional Feed Purchased & Expenses (Part I)
 Water Transporting (Part J)
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7. Eligible Loss Condition	8. Date When Loss Occurred	9. Date When Loss Was Apparent	10. Physical Location County of Loss
Loss Event 4			
Loss Event 5			
Loss Event 6			

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Loss Event 6	

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A. Producer's Signature Loss Event 4 (By)	B. Title/Relationship of the Individual Signing in the Representative Capacity	C. Date (MM-DD-YYYY)
A. Producer's Signature Loss Event 5 (By)	B. Title/Relationship of the Individual Signing in the Representative Capacity	C. Date (MM-DD-YYYY)
A. Producer's Signature Loss Event 6 (By)	B. Title/Relationship of the Individual Signing in the Representative Capacity	C. Date (MM-DD-YYYY)

PART C – COUNTY COMMITTEE DETERMINATION OF LOSS (Continuation)

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Loss Event 4	A. COC Signature	B. Date (MM-DD-YYYY)	C. Determination <input type="checkbox"/> Approved <input type="checkbox"/> Disapproval
Loss Event 5	A. COC Signature	B. Date (MM-DD-YYYY)	C. Determination <input type="checkbox"/> Approved <input type="checkbox"/> Disapproval
Loss Event 6	A. COC Signature	B. Date (MM-DD-YYYY)	C. Determination <input type="checkbox"/> Approved <input type="checkbox"/> Disapproval

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