

<b>CCC-939H</b> (01-23-24)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation  <b>EMERGENCY LOSS ASSISTANCE FOR HONEYBEES APPLICATION</b>		1. Program Year		2. Application Number	
			3. Administrative State		4. Administrative County	
			Name	Code	Name	Code
			5. Physical State		6. Physical County	
Name	Code	Name	Code			

### PART A – PRODUCER AGREEMENT

Payments under the Emergency Assistance for Honeybees will be made to provide emergency relief to producers of honeybees due to losses from adverse weather or loss conditions as determined by the Secretary. Each producer must file a separate form CCC-939H 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 honeybee colonies and honeybee hives 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, suppliers, contractors, or processors, feed cooperatives, and feed supply companies, any records or other evidence that substantiates the information provided on this application or any supporting documentation provided;
- Agrees to comply with payment attribution and payment eligibility provisions by submitting the following forms, if not already on file with FSA. The application will not be considered complete until producer has completed all required items and signed in Part G, Item 2A. Failure of an individual, entity, or member of an entity to timely submit all information required may result in no payment or a reduced payment;
  - AD-2047, Customer Data Worksheet
  - 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
  - AD-1026, Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification.
- Has completed a CCC-860, Socially Disadvantaged, Limited Resource, and Beginning Farmer or Rancher, or Veteran Farmer or Rancher Certification for the program year indicated in Item 1, if applicable.

### PART B – PRODUCER INFORMATION

1. Producer's Name <i>(Person or Legal Entity)</i>			2. Information Line		
3A. Address Line 1			4A. Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell		
3B. Address Line 2			4B. Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell		
3C. City	3D. State	3E. ZIP	5. Email Address		

**DATE STAMP**

**PART C – HONEYBEE COLONY LOSS**

1. Loss Event Number (CCC-939)	2. Inventory at Beginning of Program Year	3. Additions to Inventory	4. Reductions to Inventory	5. Total Number of Eligible Honeybee Colonies Lost	6. Ineligible Honeybee Colonies Lost	7. Producer Share	COC USE ONLY				
							8. COC Adjusted Beginning Inventory	9. COC Adjusted Additions to Inventory	10. COC Adjusted Reductions to Inventory	11. COC Adjusted Number of Eligible Lost Colonies	12. COC Adjusted Number of Ineligible Colonies Lost
13. Payment Reduction Amount for Honeybee Colony Loss:										\$	

**COUNTY COMMITTEE DETERMINATION**14. Determination: ☐ Approved ☐ Disapproved**PART D – HONEYBEE HIVE LOSS**

1. Loss Event Number (CCC-939)	2. Inventory at Beginning of Program Year	3. Additions to Inventory	4. Reductions to Inventory	5. Total Number of Eligible Honeybee Hives Lost	6. Ineligible Honeybee Hives Lost	7. Producer Share	COC USE ONLY				
							8. COC Adjusted Beginning Inventory	9. COC Adjusted Additions to Inventory	10. COC Adjusted Reductions to Inventory	11. COC Adjusted Number of Eligible Hives Lost	12. COC Adjusted Number of Ineligible Hives Lost
13. Payment Reduction Amount for Honeybee Hive Loss:										\$	

**COUNTY COMMITTEE DETERMINATION**14. Determination: ☐ Approved ☐ Disapproved

**PART E – VALUE FEED LOST AND/OR ADDITIONAL EXPENSES**

1. Loss Event Number (CCC-939)	2. Type of Feed Lost or Additional Expense Incurred	3. Value of Feed Lost or Additional Expense Incurred	4. Producer Share	COC USE ONLY
				5. COC Adjusted Value of Feed Lost or Additional Expense Incurred
6. Payment Reduction Amount for Value of Feed Lost and/or Additional Expenses:			\$	

**COUNTY COMMITTEE DETERMINATION**7. Determination: ☐ Approved ☐ Disapproved**PART F - ADDITIONAL FEED PURCHASED ABOVE NORMAL**

1. Loss Event Number (CCC-939)	2. Type of Additional Feed Purchased Above Normal	3. Cost of Feed Purchased in Application Year	4. Cost of Feed Purchased 1 Year Prior	5. Cost of Feed Purchased 2 Years Prior	6. Producer Share	COC USE ONLY		
						7. Adjusted Cost of Feed Purchased in Application Year	8. Adjusted Cost of Feed Purchased 1 Year Prior	9. Adjusted Cost of Feed Purchased in 2 Years Prior
10. Payment Reduction Amount for Additional Feed Purchased Above Normal:							\$	

**COUNTY COMMITTEE DETERMINATION**11. Determination: ☐ Approved ☐ Disapproved

**PART G – PRODUCER CERTIFICATION**

1. Is the producer identified in Part B an individual person that is a US Citizen or Resident Alien; or a legal entity, including corporation, LLC, LP, trust, estate, general partnership or joint venture, or similar type entity, comprised solely of persons who are US Citizens or Resident Aliens; or is an Indian Tribe or Tribal organization, as defined in section 4(b) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304)? ☐ YES ☐ NO

**I certify that:**

- a. On the beginning date of the adverse weather or loss condition(s) on the CCC-939, I owned all honeybee colonies and/or honeybee hives entered on this application and physically maintained control of all such honeybees on that date for commercial use as part of my farming operation;
- b. All honeybee colonies and honeybee hives entered as lost on this application and/or additional feed expenses were losses incurred as a direct result of a qualifying adverse weather or loss condition(s) entered on the CCC-939 that occurred in the county provided in Item 6;
- c. All information on this application and all supporting documents I provided are true and correct;
- d. 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.

2A. Producer's Signature (By)

2B. Title/Relationship of Individual Signing in the Representative Capacity

2C. Date (MM/DD/YYYY)

**PART H – COC DETERMINATION**

1A. COC or Designee Signature

1B. Date (MM/DD/YYYY)

**NOTE:** **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 Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (Pub. L. 113-79), as amended, and the Emergency Agricultural Disaster Assistance Program, 7 CFR Part 1416. 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 the 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.**

**Non-Discrimination Statement:** In accordance with Federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, and employees 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, audiotope, 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 on-line at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.