Instructions for form FSA-862

COMMODITY CONTAINER ASSISTANCE PROGRAM (CCAP) APPLICATION

CCAP provides assistance to eligible owners or designated marketing agents of U.S. agricultural products for eligible shipping containers from USDA Pop-Up sites at the Port of Oakland and designated ports associated with the Northwest Seaport Alliance (NWSA).

Submit the completed form including signature no later than the 15 days after the end of the month to USDA Farm Service Agency Price Support Division by email to SM.FPAC.FSA.CCAP@usda.gov   Examples: Submit number of containers for March, April and May no later than June 15, 2022, and submit number of containers for June no later than July 15, 2022. Applications submitted after the 15th of the month will be processed in the next payment cycle.

Applicants may electronically transmit this form to the USDA FSA Price Support Division, provided that (1) the applicant submitting the form is the only person required to sign the transaction, or (2) the applicant has power of attorney or signature authority if representing an individual or entity.

Applicants must complete Part A Items 3 through 10, Part B items 11, 12, and enter the number of containers under the applicable month, and Part C Items 13A through 13C.

Items 1- 2 and 14A - 14D are for FSA use only.

Items 3-13C are completed by applicant.

Fld Name / Item No.	Instruction
1 Program Year *(Preprinted)*	The program year 2022
2 Application No.	The application number will be assigned by FSA.

PART A – APPLICANT INFORMATION

3 Applicant's Name	Enter name of applicant.
4 Applicants Address	Enter applicant's address *(City and State, Include Zip Code)*.

Fld Name / Item No.	Instruction
5 Applicants Phone Number *(Include Area Code)*	Enter applicant's phone number *(Include Area Code)*.
6 Unique Entity ID	Enter Unique Entity ID *(12 alphanumeric characters assigned by SAM.gov)*. **Important Note**: Applicants that wish to receive payment by direct deposit must complete SAM.gov registration online and provide bank account information. https://sam.gov/content/home
7 Contact Name	Enter point of contact name.
8 Contact Address	Enter point of contact address *(City and State, Include Zip Code)*.
9 Contact Phone Number *(Include Area Code)*	Enter point of contact phone number *(Include Area Code)*.
10 Email Address for Monthly Applications	Enter the email address for monthly applications. The first time an application is submitted this email address will be (1) tied to the applicant's name in item 3; (2) used to validate certification in Part C on all future applications.

PART B – NUMBER OF CONTAINERS PICKED UP OR FILLED
(Enter the port of origin of the containers and the number of containers picked up or filled for the month)

Fld Name / Item No.	Instruction
11 Designate Port of Origin	Click on the arrow in item 11 for the drop-down menu to select either: • Oakland for Port of Oakland, CA (Howard Terminal) or • Seattle for Port of Seattle, WA *(Terminal 46 NWSA)* Submit only *one* application per Port per month or Calendar Year *(CY)* 2022. A separate form must be used if applicant is reporting containers picked up or filled with an agricultural commodity at different Port locations.
12 Enter Yes or No	**Enter "Yes" or "No", in each row to indicate which type*(s)* of containers have or have not been picked-up or filled with an agricultural commodity for the previous month or CY 2022.** **<u>Important Note</u>: When completing a subsequent application, do not resubmit the total number of containers submitted for previous month*(s)*.** **Example: On June 1, 2022, an application was submitted reporting number of containers for March, April, and May. When submitting a subsequent application for June, the number of containers for March, April, and May on the application must be blank otherwise payment will be delayed.**
March	Enter the total number of containers for March 1 – March 31.
April	Enter the total number of containers for April 1 – April 30.
May	Enter the total number of containers for May 1 – May 31.
June	Enter the total number of containers for June 1 – June 30.
July	Enter the total number of containers for July 1 – July 31.
August	Enter the total number of containers for Aug. 1 – Aug. 31.
September	Enter the total number of containers for Sept. 1 – Sept. 30.
October	Enter the total number of containers for Oct. 1 – Oct. 31.
November	Enter the total number of containers for Nov. 1 – Nov. 30.
December	Enter the total number of containers for Dec. 1 – Dec. 31.

PART C – APPLICANT CERTIFICATION STATEMENT

Fld Name / Item No.	Instruction

All applicants must certify, by signing the application, that all of the information entered on this form, whether personally entered by the undersigned or not, or by someone else, is true and correct. The undersigned certifies and acknowledges that the information entered on the form is needed in order for USDA to make a determination that the applicant is eligible to receive a Commodity Container Assistance Program payment and is subject to verification by USDA. Failure to certify any of the information on this form accurately may result in a loss of program benefits. Additionally, by signing this form, the undersigned authorizes the owner of the containers to provide records of such containers listed on the form to USDA representatives for the purpose of verification. The undersigned (1) agrees to comply with all terms and conditions associated with Commodity Container Assistance Program as stated in the Notice of Funds Availability published in the Federal Register; (2) will maintain and provide verifiable and reliable records upon request; (3) payment is subject to the availability of funds (4) and understands the applicant must have a Unique Entity ID registration on SAMS.gov in order to receive a payment.

Fld Name / Item No.	Instruction
13A Applicant's Signature *(By)*	Applicant applying for a CCAP payment must sign.
13B Title/ Relationship of the Individual Signing in the Representative Capacity	Enter title and/or relationship of the individual to the entity when signing in a representative capacity. **Note**: If the applicant signing is not signing in a representative capacity, this field should be left blank.
13C Date Signed *(MM-DD-YYYY)*	Enter the date FSA-862 is signed in Item 13A.

PART D – DAFP APPROVAL *(For FSA Use Only)*

Fld Name / Item No.	Instruction
14A DAFP or Designee Signature	Enter DAFP or Designee signature.
14B Title of Designee *(If Applicable)*	Enter title of designee, if applicable.
14C Date Signed *(MM-DD-YYYY)*	Enter date signed.
14D Determination	Check applicable box.

As of: (05-20-22)