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Form Approved - OMB No. 0560-0298 OMB Expiration Date: 07/06/2021

FSA-898 (01-06-21)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	Recording State Name/Code	Recording County Name/Code	3. Crop Year	4. Application No.
QUA	ALITY LOSS ADJUSTMENT (QLA) PROGRAM APPLICATION				

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 760, Subpart R and the Additional Supplemental Appropriations for Disaster Relief Act, 2019 (Pub. L. 116-20), as amended by the Further Consolidated Appropriations Act, 2020 (Pub. L. 116-94). The information will be used to determine eligibility for 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 program benefits. Payments may be made under the program to which the form applies only to the extent permitted by applicable authorities.

Public Burden Statement (Paperwork Reduction Act): Public reporting burden for this collection is estimated to average 30 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection or FSA may not conduct or sponsor a collection of information unless it displays a valid OMB control number. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

PART A - PRODUCER AGREEMENT

The Department of Agriculture (USDA) will make payments to producers who meet the requirements of the QLA Program. The following information is needed in order for USDA to make a determination that the applicant is eligible to receive a QLA Program payment. By submitting this application, and upon approval by USDA, the applicant agrees:

- 1. To comply with regulations set forth in 7 CFR Part 760, Subpart R, which may be found at https://www.regulations.gov/docket?D=FSA-2020-0011.
- 2. That the affected production of each crop included in this application suffered at least a 5 percent loss due to quality due to an eligible cause of loss.
- 3. To provide to USDA all information that is necessary to verify that the information provided on this form is accurate and to allow a USDA representative access to all documents and records of the applicant and those in the possession of a third-party such as a warehouse operator, processor or packer;
- 4. A complete QLA Program application includes this form, all required documentation and the following forms, which the applicant must submit no later than 14 days from the sign-up deadline:
 - FSA-578, Report of Acreage
 - FSA-895, Crop Insurance and/or NAP Coverage Agreement
 - FSA-899, Historical Nutritional Value Weighted Average Worksheet (QLA Program Forage Only), if applicable.
- 5. Failure of an individual, entity, or member of an entity to timely submit all information required to determine payment eligibility may result in no payment or a reduced payment. The applicant must submit the following forms within 60 days from the date the applicant signs this application:
 - CCC-902, Automated, Farm Operating Plan for Payment Eligibility 2009 and Subsequent Program Years
 - CCC-941, Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information
 - CCC-942, Certification of Income from Farming, Ranching and Forestry Operations
 - AD-1026, Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification.

PART B PRODUCER INFORMATION

DART C FORAGE

5. Producer's Name Address (City, State and Zip Code) and Phone Number (Include Area Code)

Line	6. State/ County			Intend	9. 10. ended Use Organic Status (O/C)			11. Disaster Event		12. Disaster Event Beginning Date (MM/DD/YYYY)	13. Disaster Event Ending Date (MM/DD/YYYY)			
1														
2														
3														
Line	14. Unit of Measure	15. Total Affec Productio		16. Nutritional Category	17A Current Verifiable Nutritional Value	17B. Historical Verifiable Nutritional Value (Item 23 on FSA-899)		18. 19. COC Adjusted COC Adjust Total Affected Current Verifi Production Nutritional Va		able Verifiable Nutritional Val		20. djusted Historical	21. COC Determined Average Percentage of Loss	
1														
2														
3														

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PART	D CROPS OTHER	THAI	N FORAGE WI	TH TOTAL	DOLLAR	VALUE LOSS	5									
Line	State/ County		22. 23. State/ Crop		24. Crop Type		25. Intended Use		26. Organic Status (O/C)		27. Disaster Event		28. Disaster Event Beginning Date (MM/DD/YYYY)	29. Disaster Event Ending Date (MM/DD/YYYY)		
1																
2																
3																
Line	30.			31.		_ 32.		33.		34.				С	OC USE ONLY	
	-		of Measure Total Affected Type Production Quality Los						COC Adju		d Production Do		36. COC Adjusted Total Dollar Value Loss on Affected Production	37. COC Adjusted Price Before Discount		
1																
2																
3																
PART	E CROPS OTHER 1	ΓΗΑΝ	I FORAGE WIT	TOT TUOH	AL DOL	LAR VALUE L	oss									
Line	38. State/ County			39. 40. Crop Crop Type			Inter	41. nded Use	42. Organic Status (O/C)		43. Disaster Event		44. Disaster Event Beginning Date (MM/DD/YYYY)	45. Disaster Event Ending Date (MM/DD/YYYY)		
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Line	46. Unit of Measure					48 Type of Quality		unt	COC USE ONLY							
	Offic of Measure		Total 7 Wilder	T TOGGO		Type of Quality	2000 21000	unt	49. COC Adjusted Total A Production		County		50. COC Determined bunty Average Loss Per Unit of Measure	51. COC Determined County Average Price Before Discount		
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PART																
	by sign and acknowledge	e und	er penalty of per	jury in accor	dance wit											
52A. S	Signature <i>(By)</i>						52B. Title/F	Relationship of	the Individ	dual Signing in t	the Representa	tive (Capacity	52C. Date (MM/DD/YYYY)		
	G COC REVIEW OC or Designee Signature)												54. Date (MM/DD/YYYY)		
DART	H COC DETERMIN	ATIC	N -			_		_								
	OC or Designee Signature		, , , , , , , , , , , , , , , , , , ,							56. Date (Mi	M/DD/YYYY)		57. Determinatio	n DISAPPROVED		

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 filling 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_filling_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.