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U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

HISTORICAL NUTRITIONAL VALUE WEIGHTED AVERAGE WORKSHEET
(QLA Program Forage Only)
(CONTINUATION SHEET)

PART A GENERAL INFORMATION

1. State	2. County	3. Producer's Name	4. Crop Year
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PART B CROP INFORMATION

5. Crop Name	6. Crop Type	7. Intended Use	8. Organic Status	9. Nutritional Category	10. Unit of Measure
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Crop Year 20__

11. Production	12. Nutritional Value	13. Production Times Nutritional Value

Crop Year 20__

14. Production	15. Nutritional Value	16. Production Times Nutritional Value

Crop Year 20__

17. Production	18. Nutritional Value	19. Production Times Nutritional Value

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 the Additional Supplemental Appropriations for Disaster Relief Act, 2019 (Disaster Relief Act) (Pub. L. 116-20); and 7 CFR Part 760, subpart O. 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.*

Paperwork Reduction Act (PRA) Statement: *Public reporting burden for this collection is estimated to average 5 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.***

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