

FCI-12 AGR
(10-98)

U.S. DEPARTMENT OF AGRICULTURE
Federal Crop Insurance Corporation
ADJUSTED GROSS REVENUE APPLICATION
CONTINUOUS CONTRACT
 (Unless otherwise specified in the Contract)

1 Name of Applicant		5 Applicant's Tele. No.	6 Applicant's Authorized Representative
2 Street or Mailing Address		7 Policy Number	8 State and Code - County and Code
3 City and State	4 ZIP Code	9 Type of Entity	10 Is Applicant at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
11 Identification Number	12 Check Applicable <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	13 I request insurance coverage for my approved Adjusted Revenue for the insurance year specified on my Annual Farm Report. <input type="checkbox"/> Yes <input type="checkbox"/> No	

A. Subject to the provisions of the Federal Crop Insurance Act and the regulations issued under that Act, I hereby apply for Adjusted Gross Revenue insurance on my tax entity. I understand that my insurable adjusted gross revenue (as indicated in box 13 above) must be insured. I also understand that the premium rates, and applicable deadlines are on file and available for my inspection in my agent's office. I further understand that no insurance will be available for my adjusted gross revenue unless this application and required forms (Annual Farm Report and farm tax forms) are completed and filed prior to the sales closing date for the insurance year. I also further understand that, although insurance under this application is continuous from year to year, policy terms, premium rates, the insurable adjusted gross revenue may change from year to year. All changes will be available in my agent's office prior to the contract change date.

14 Insurance Year	15 Annual Farm Report and farm tax forms attached. <input type="checkbox"/> Yes <input type="checkbox"/> No	16 Coverage Level/Payment Rate
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B. List all persons or entities with 10 percent or more interest in the applicant's farming operations. (See reverse side for additional space)

Name	Address	Phone (Include Area Code)	S=SSN/E=EIN/O=OTHER (Enter Code & Number)	Entity Type

C. **CONDITIONS OF ACCEPTANCE:** This application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation determines that, in accordance with the regulations, the risk is excessive; (2) any material fact is omitted, concealed or misrepresented in this application or in the submission of this application; (3) you have failed to provide complete and accurate information required by this application; (4) the answer to any of the following questions is Yes. An answer of yes to these questions does not automatically result in rejection of the application. For example, if you answer yes to question (a) but your debt was discharged in bankruptcy, the application would not be rejected.

YES	NO	
		(a) Are you now indebted, and the debt is delinquent, for crop insurance under the Federal Crop Insurance Act?
		(b) Have you in the last five years been convicted under federal or state law of planting, cultivating, growing, producing, harvesting, or storing a controlled
		(c) Have you ever had crop insurance terminated for violation of the terms of the contract or regulations, or for failure to pay your indebtedness?
		(d) Are you disqualified or debarred under the Federal Crop Insurance Act, or the regulations of the Federal Crop Insurance Corporation or the United Department of Agriculture?
		(e) Have you ever entered into an agreement with the Federal Crop Insurance Corporation or with the Department of Justice that you would refrain from participating in the crop insurance program and that agreement is still effective?
		(f) Do you have like insurance on any of the agricultural commodity(ies) covered under this contract?

I understand that if coverage is currently terminated or would have subsequently terminated for indebtedness had this application been filed after the termination date no coverage can be provided and I am ineligible for any benefits under the Federal Crop Insurance Act until the cause for termination is corrected.

We will notify you of rejection by depositing notification in the United States mail, postage paid, to the above address. Unless rejected or the sales closing date has passed at the time you signed this application, the insurance contract shall be in effect for the insurance year specified and shall continue for each succeeding insurance year, unless otherwise specified in the policy until canceled, terminated or voided. The insurance contract, which includes the accepted application, is defined in the regulation published at 7 CFR chapter IV. No term or condition of the contract shall be waived or changed unless such waiver or change is expressly allowed by the contract and is in writing.

17 Name of Previous Carrier (if any)	18 Policy Number under Previous Carrier (if any)
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False Claim Statement

The information I have furnished on this form is complete and accurate. I understand that any false or inaccurate information may result in the sanctions outlined in my policy and administrative, civil, and criminal sanctions under 18 U.S.C. 1006 and 1014, 7 U.S.C. 1506, 31 U.S.C. 3729 and 3730 and other federal statutes.

I certify that the information and answers on this application are correct to my knowledge and belief; that none of the reasons for rejection in items 1 through 4 of the "Conditions of Acceptance" apply; and that I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act), as well as all other provisions contained on this application.

19 Applicant's Signature	20 Date	21 Location of Farm Headquarters	Phone Number
22 Agent's Signature	23 Code Number	24 Date	25 Agent's Address Phone Number

22 REPORT OF CHANGES (Continued):

23 INTEGRATED/POST-PRODUCTION OPERATIONS; I am involved in post-production operations including other tax entities? Yes ___ No ___ If yes, explain the extent below.

I certify that the information I have furnished as reflected on this form is complete and accurate for the IRS tax entity, commodity(ies), income, expenses and year(s) shown. I understand this form may be reviewed or audited and that information inaccurately reported or failure to retain records to support information on this form, may result in a recomputation of the approved adjusted gross revenue. I also understand that failure to report completely and accurately may result in voidance of my adjusted gross revenue insurance contract and may result in criminal or civil false claims penalties (18 U.S.C., 1006 and 1014; 7 U.S.C. 1506; 31 U.S.C. 3729 and 3730).

23 PRODUCER ' S SIGNATURE	DATE	24 REPRESENTATIVE ' S SIGNATURE	DATE
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COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

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The balance of the information requested is necessary for the insurance company and FCIC to process this form to: provide insurance; provide reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The information furnished on this form will be used by Federal agencies, FCIC employees, insurance companies, and contractors who require such information in the performance of their duties. The information may be furnished to: FCIC contract agencies, employees and loss adjusters; reinsured companies; other agencies within the United States Department of Agriculture; The Department of Treasury including the Internal Revenue Service; the Department of Justice, or other Federal or State law enforcement agencies; credit reporting agencies and collection agencies; other Federal agencies as requested in computer matching programs; and in response to judicial orders in the course of litigation. The information may also be furnished to congressional representatives and senators making inquiries on your behalf. Furnishing the information required by this form is voluntary; however, failure to report the correct and complete information requested may result in rejection of this form; rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; and a unilateral determination of any monetary amounts due.

PAPERWORK REDUCTION ACT

In accordance with the Paperwork Reduction Act, public reporting burden for the collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection information, including suggestions for reducing this burden to the Department of Agriculture, Clearance Officer, OIRM (OMB No. 0563-0053), Stop 7630, Washington, D.C. 20250-7630.

NONDISCRIMINATION STATEMENT

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CASH BASIS WORKSHEET FOR AGR CLAIMS

ADJUSTMENT CODES

A Line specifically excluded	D Agricultural program payments	G Net gain from commodity hedges
B Cost of post-production operations	E Crop insurance payments	H Not directly related to production
C Co-op dividends not directly related	F Disaster payments	I Other - explain the adjustment made

PART 1: ADJUSTMENTS TO AMOUNTS REPORTED ON SCHEDULE F

PART 2: ACCRUAL REVENUE ADJUSTMENTS

Schedule F (Part I - for cash basis taxpayers)									
Line #	Description Tax Year: _____	(1) Amount From Schedule F	(2) Plus Or Minus Income Adjustment	(3) Code	(4) AGR Allowable Income and Revenue to Count For Claims	(5) Plus: Adjustor's Valuation Of Lost Revenue Attributed To Uninsured Cause	<u>For Inventoried Crops Raised:</u>	<u>For inventoried Livestock, And Inventoried Commodities Purchased For Resale:</u>	<u>Accounts Receivable: Commodities Raised Or Purchased For Resale</u>
							(6) Plus Or Minus The Change In Value Of Beginning And Ending Inventories. If Sold Use MP, If Not Sold Use Ending FMV (Less cost)	(7) Plus Or Minus Change In FMV Of Beginning And Ending Inventories (Less Cost)	(8) Plus Or Minus Change In Dollar Amount Of Beginning And Ending Accounts Receivable (Less Cost)
1	Sales of items bought for resale								
2	Cost or other basis of line 1								
3	line 1 less line 2								
4	Sales of items you raised								
Less: adjustments for "post production"									
4.1									
4.2									
4.3									
5b	Taxable coop distributions								
6b	Taxable AG program payments								
7a	CCC loans under election								
7c	Taxable CCC loans forfeited								
8b	Taxable crop ins proceeds								
8d	Taxable deferral from prior year								
9	Custom hire Income								
10	Other income (details below)								
10.1									
10.2									
10.3									
(9) Subtotals: Total Cols. (1), (2), and (4)-(8)									
(10) Total AGR Adjustments: Subtotal of Col. (2) plus or minus									
(11) Allowable Income/Revenue to Count: Item (9) Subtotal Col (1), plus or minus Item (10). Must equal subtotal Col. (4).									
							(12) Revenue to Count: Add Subtotals of Cols. (4) and (5). Transfer the total to Revenue to Count Insurance Year (Item 26) of the AGR Claim for Indemnity.		
							(13) Total Inventory Adjustments: Add Subtotals of Cols. (6) and (7) and transfer total to Inventory Adjustment (Item 27) of the AGR Claim for Indemnity.		
							(14) Transfer Subtotal of Col (8) to Accounts Receivable (Item 28) of the AGR Claim for Indemnity.		

FOR ILLUSTRATION PURPOSES ONLY

FCI-74 AGR
(10-98)

U.S. DEPARTMENT OF AGRICULTURE
Federal Crop Insurance Corporation

OMB No. 0563-0053

AGR CLAIM FOR INDEMNITY WORKSHEET

1 State Code	- County Code	2 Unit	3 Farm Headquarters Phone	9 Agency Information: Name: Address: Telephone Number: Code Number:	10 Name of Insured	11 Insurance Year
4 SSN/EIN		5 Entity Type		12 Claim Number		13 Policy Number
6 Date of Damage				14 Date(s) of Notice		Final
7 Cause of Damage				1st		2nd
8 Primary Cause %				15 Companion Policy(s)		
16 Coverage Level/Payment Rate						

CALCULATION OF CLAIM FOR INDEMNITY

Expenses For Insurance Year 17	Approved Expenses Insurance Year 18	Expense Percentage (.xxx) 17 18 = 19	Expense Reduction Percentage (.xxx) (70% - 19) = 20	Approved AGR 21	Expense Reduction Dollar Amount 20 x 21 = 22	AGR Adjusted For Expenses 21 - 22 = 23	Coverage Level Percentage (.xxxx) 24	Revenue Guarantee 23 x 24 = 25	Revenue to Count Insurance Year 26

Inventory Adjustment (+ -) 27	Accounts Receivable Adjustment (+ -) 28	Total Adjustment To Revenue To Count 26 + 27 (+ -) + 28 (+ -) = 29	Revenue Deficiency 25 - 29 = 30	Payment Rate Percentage (.xxxx) 31	Indemnity 30 x 31 = 32	Premium Due 33	Balance Due Insured 32 - 33 = 34

35 Narrative:

36 Date Current Year Taxes Filled	37 Is damage similar to other farms in the area? <input type="checkbox"/> Yes <input type="checkbox"/> No	38 Assignment of Indemnity? <input type="checkbox"/> Yes <input type="checkbox"/> No
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The information I have furnished on this form is complete and accurate. I understand that any false or inaccurate information may result in the sanctions outlined in my policy and administrative, civil, and criminal sanctions under 18 U.S.C. ' ' 1006 and 1014; 7 U.S.C.' 1506, 31 U.S.C. ' ' 3729 and 3730 and other federal statutes.

39 Adjuster 's Signature and Code Number (Final Inspection)	Date	40 Insured 's Signature (Final Inspection)	Date
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PART II - AGRICULTURAL COMMODITY PROFILE

6 CROP OR COMMODITY	7 TAX YEAR				8 TAX YEAR				9 TAX YEAR				10 TAX YEAR				11 TAX YEAR			
	Acres	Market	%	Irr. Prac.	Acres	Market	%	Irr. Prac.	Acres	Market	%	Irr. Prac.	Acres	Market	%	Irr. Prac.	Acres	Market	%	Irr. Prac.

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November 2007 AGR-Lite	ACTUAL COMMODITY REPORT	A. IRS Accounting Method? Cash Accrual	B. Insurance Year
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C. PRODUCER INFORMATION	Type of Tax Entity:	D. AGENCY INFORMATION Phone Number:	E. State (s): County (ies):	F. Was any listed commodity also insured under another insurance policy? If yes, list the commodity(ies) and contract number(s).
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Phone Number: SSN: EIN: Policy No: Agent's Code:

ACTUAL COMMODITY REPORT	TOTAL VALUE BY COMMODITY
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G. COMMODITY NAME	CODE	H. AMOUNT (acres, # head, area, etc.)	I. YIELD OR QUANTITY PRODUCED (X)	UNITS	J. VALUE (price per unit) (=)	K. TOTAL VALUE

M. Blank Section	L. TOTAL INCOME:
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N. Notes:

O. Page _____ of _____ Pages

AGR-Lite (Reverse)

Notes (cont.):

I certify that the information I have furnished as reflected on this form is complete and accurate for the IRS tax entity, commodity(ies), income, expenses, and year(s) shown. I understand this form may be reviewed or audited and that information inaccurately reported or failure to retain records to support information on this form may result in a recomputation of the approved adjusted gross revenue. I also understand that failure to report completely and accurately may result in avoidance of my adjusted gross revenue insurance contract and may result in criminal or civil false claims penalties (18 U.S.C.; 1006 and 1014:7 U.S.C. 1506; 31 U.S.C. 3729 and 3730) and any other applicable federal statutes.

P. PRODUCER'S SIGNATURE	DATE	Q. LOSS ADJUSTER'S SIGNATURE	DATE
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R. Page _____ of _____ Pages			
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Your policy also specifies other information that must be provided. The principle purposes of this information are to provide insurance; reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The routine uses of this information include: (1) Referral to the appropriate agency, whether Federal, State, local or foreign including the Department of Justice, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing a statute, rule regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute or by rule, regulation or order issued pursuant thereto; (2) Disclosure to a court, magistrate or administrative tribunal, or to opposing counsel in a proceeding before a court, magistrate or administrative tribunal, of any record within the system that constitutes evidence on that proceeding, or which is sought in the course of discovery, to the extent that FCIC determines that the records sought are relevant to the proceeding; (3) Disclosure to a congressional office in response to any inquiry from the congressional office made at the request of that individual; (4) Disclosure to Approved Insurance Providers (AIP) for any purpose relating to the sale, service, and administration of the Federal crop insurance program and the policies insured under the authority of the Act; (5) Disclosure to other Federal agencies and contractors, cooperators, and partners of FCIC for the purpose of conducting research, development, analyses, and evaluation into all aspects relating to new and existing crop insurance programs and other risk management tools; (6) Disclosure to contractors or other Federal agencies to conduct research and analysis to identify patterns, trends, anomalies, instances and relationships of AIP's, agents, loss adjusters and policyholders that may be indicative of fraud, waste, and abuse; (7) Disclosure to AIPs, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIPs and to determine compliance with program requirements; and (8) Disclosure to AIPs, contractors, cooperators, partners of FCIC, and other Federal agencies for any purpose relating to the sale, service, administration, analysis and evaluation of the Federal crop insurance program.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any monetary amounts due; or any remedy provided in the policy.

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To file a complaint of discrimination write to:	USDA Director, Office of Civil Rights 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410	or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.
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C. PRODUCER INFORMATION	Type of Tax Entity:	D. AGENCY INFORMATION	E. State(s)	F. Was any listed commodity also to be insured under another insurance policy? If yes, list the commodity(ies) and contract number(s).
		Phone Number:	County(ies)	

Phone Number: SSN: EIN: Policy No: Agent's Code:

INFORMATION FROM 5 YEARS OF TAX FORMS 1040F

Part I Income		G. Tax Years -----				
1040F line#	Description from IRS form 1040F					
3	Sales of commodity bought for resale (less cost or basis):					
4	Sales of livestock, produce, grains, & other products you raised/grew:					
5b	Taxable amount of coop. distributions from insurable commodities:					
7a	CCC loans reported under election:					
7c	CCC loan forfeitures; taxable amount:					
10	*Other income:					
H.	Allowable income (total lines 3 through 10):					
I.	Indexing calculation (if Applicable):					
	* Only include direct income from ag commodities required by IRS including bartering, processor payments for bypassed, unharvested acreage, federal and state diversion, set-aside, marketing order and other such payments, etc.	J. 5-Year Total Adjusted AGR:				
		K. 5-Year Average Preliminary Adjusted AGR:				
		L. AGR Index Factor:				
		M. Indexed Adjusted Preliminary AGR (if applicable):				

Part II Expenses		N. Tax Years -----				
1040F line#	Description from IRS form 1040F					
35	Total Expenses:					
Part I, line 2	Cost or other basis of livestock and other items reported on line 1:					
O.	Subtotal (line 35 plus part I line 2):					
	Less Non- Allowed Items for AGR-Lite:	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
16	Non-animal depreciation:					
17	Employee benefit programs other than line 25:					
23a	Mortgage interest paid:					
23b	Other Interest:					
25	Pension and profit share plans:					
26a & 26b	Rent or Leases:					
29	Cold storage, indirect & post production expenses, other, etc.:					
31 & 34	Taxes, non-direct commodity, non-allowed expenses, other and etc.:					
P.	Subtotal (lines 16 through 34):					
Q.	Allowable expenses (line O minus line P):					
R.	Indexing calculation (if applicable):					
		S. 5-Year Total Adjusted Expenses:				
		T. 5-Year Average Preliminary Adjusted Expenses:				
		V. Expenses Index Factor:				
		W. Indexed Adjusted Preliminary Expenses (if applicable):				
	U. Page _____ of _____ Pages					

X. Notes:

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Y. PRODUCER'S SIGNATURE

DATE

Z. AGENT'S SIGNATURE

DATE

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 1400 Independence Avenue, S.W.
 Washington, D.C. 20250-9410

or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

PART II - ACCOUNTS RECEIVABLE

COMMODITY (Name) 15	NAME AND ADDRESS OF BUYER 16	BEGINNING AMOUNT (Dollars) 17	ENDING AMOUNT (Dollars) 18	BALANCE (Col. 18 - 17 (+/-)) 19
			20 TOTAL ACCOUNTS RECEIVABLE ADJUSTMENTS (+/-) TO CLAIM (DOLLARS)	

I certify that the information I have furnished as reflected on this form is complete and accurate for the commodity(ies). I understand this form may be reviewed or audited and that information inaccurately reported or failure to retain records to support information on this form, may result in income from all inventories and accounts receivable being considered income to count for the current insurance year. I also understand that failure to report completely and accurately may result in avoidance of my adjusted gross revenue insurance contract and may result in criminal or civil false claims penalties (18 U.S.C., 1006 and 1014; 7 U.S.C. 1506; 31 U.S.C. 3729 and 3730).

21 PRODUCER'S SIGNATURE	DATE	22 REPRESENTATIVE'S SIGNATURE	DATE
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COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to the your individual capacity as opposed to the your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act, (7 U.S.C. 1501 et seq.) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Federal Crop Insurance Act (7 U.S.C. 1506), and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

The balance of the information requested is necessary for the insurance company and FCIC to process this form to: provide insurance; provide reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The information furnished on this form will be used by Federal agencies, FCIC employees, insurance companies, and contractors who require such information in the performance of their duties. The information may be furnished to: FCIC contract agencies, employees and loss adjusters; reinsured companies; other agencies within the United States Department of Agriculture; The Department of Treasury including the Internal Revenue Service; the Department of Justice, or other Federal or State law enforcement agencies; credit reporting agencies and collection agencies; other Federal agencies as requested in computer matching programs; and in response to judicial orders in the course of litigation. The information may also be furnished to congressional representatives and senators making inquiries on your behalf. Furnishing the information required by this form is voluntary; however, failure to report the correct and complete information requested may result in rejection of this form; rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; and a unilateral determination of any monetary amounts due.

PAPERWORK REDUCTION ACT

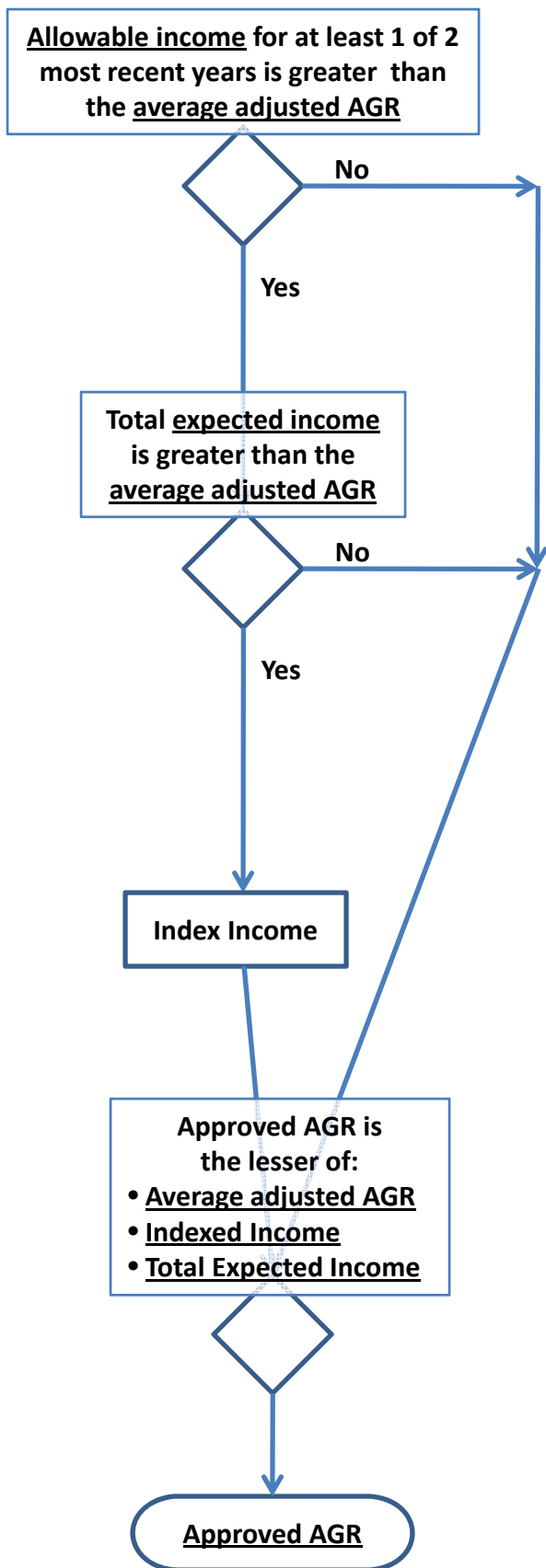
In accordance with the Paperwork Reduction Act, public reporting burden for the collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection information, including suggestions for reducing this burden to the Department of Agriculture, Clearance Officer, OIRM (OMB No. 0563-0053), Stop 7630, Washington, D.C. 20250-7630.

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employee.

Arriving at Approved AGR



Arriving at Approved Expenses

