| <b>FSA-578</b> (08-22-19)  | U.S. Department of Agriculture<br>(08-22-19)<br>REPORT OF ACREAGE |  |   |                               |  |                                 |                           |                         |                                |                             |                                    |                                   |          |                       | ency            | PAGE<br>OF   |    |   |       |
|--|---|--|---|-------------------------------|--|---------------------------------|---------------------------|-------------------------|--------------------------------|-----------------------------|------------------------------------|-----------------------------------|----------|-----------------------|-----------------|--|----|---|-------|
| See Page 2 for Privacy Act and Paperwork Reduction Act Statements. |   |  |   |                               |  |                                 |                           |                         |                                |                             |                                    |                                   |          |                       |                 |  |    |   |       |
| 1.<br>FARM NO.   |   |  | 2.<br>RMLAND  | 3.<br>CROPLAND                |  | PF                              | 4.<br>PROGRAM             |                         | M YR. KEY                      |                             | 8.<br>NAMES OF OTHER PRODUC        |                                   |          | 9.<br>ERS ID NUMBER   |                 |  | R  | 10.<br>OTHER FARMS  |       |
| KEY 5. OPERATOR NAME   |   |  | ADDRESS   |                               |  | 6. OTHER FAR                    |                           | RMS                     |                                |                             |                                    |                                   |          |                       |                 |  |    |   |       |
| 1  |   |  |   |                               |  |                                 |                           |                         |                                |                             |                                    |                                   |          |                       |                 |  |    |   |       |
| 11. PHOTO  | NO LEGAL  | DESCRIPTION                            |   |                               |  |                                 |                           |                         |                                |                             |                                    |                                   |          |                       |                 |  |    |   |       |
|  |   |  |   |                               |  |                                 |                           |                         |                                |                             |                                    |                                   |          |                       |                 |  |    |   |       |
| 12   | 13.   |  | 4.  | 15.                           | 16.  | 17                              | 7. CROF                   | P OR LAND USE S         |                                | UMMARY                      | RY (Maple trees, after number en   |                                   | enter "  | nter "T"; Honey, afte |                 | r number enter "H")  |    | 18.   | 19.   |
| TRACT<br>NO.   | FIELD<br>NO.  | CROP OR                                | LAND USE  | PRAC-<br>TICE <u>1</u> /      | CROP<br>STATUS<br><u>2</u> /               |                                 |                           |                         |                                |                             |                                    |                                   |          |                       |                 |  |    | KEY   | SHARE |
|  |   |  |   |                               |  |                                 |                           |                         |                                |                             |                                    |                                   |          |                       |                 |  |    |   |       |
|  |   |  |   |                               |  |                                 |                           |                         |                                |                             |                                    |                                   |          |                       |                 |  |    |   |       |
|  |   |  |   |                               |  |                                 |                           |                         |                                |                             |                                    |                                   |          |                       |                 |  |    |   |       |
|  |   |  |   |                               |  |                                 |                           |                         |                                |                             |                                    |                                   |          |                       |                 |  |    |   |       |
|  |   |  |   |                               |  |                                 |                           |                         |                                |                             |                                    |                                   |          |                       |                 |  |    |   |       |
|  |   |  |   |                               |  |                                 |                           |                         |                                |                             |                                    |                                   |          |                       |                 |  |    |   |       |
|  |   |  |   |                               |  |                                 |                           |                         |                                |                             |                                    |                                   |          |                       |                 |  |    |   |       |
|  |   |  |   |                               |  |                                 |                           |                         |                                |                             |                                    |                                   |          |                       |                 |  |    |   |       |
| 20. TOTAL C  | OPERATOR R  |  |   |                               |  |                                 |                           |                         |                                |                             |                                    |                                   |          |                       |                 |  |    |   |       |
| 21. TOTAL E  | DETERMINED  | ACREAGE                                |   |                               |  |                                 |                           |                         |                                |                             |                                    |                                   |          |                       |                 |  |    |   |       |
| land uses hav<br>certify that the                                  | e been reportea<br>e applicable cro                               | l for the farms as op, type, practice, | f my knowledge and<br>applicable. Absent<br>, and intended use i<br>podities and land use | any differen<br>s not planted | t or contrary prid<br>d if it is not inclu | or subsequent<br>ded on the Rep | certificati<br>port of Co | ion filed i<br>mmoditie | by any prodi<br>es for this cr | ucer for any<br>op year. Th | crop for which<br>e signing of thi | h NAP coverage<br>s form gives FS | e has be | en purche             | ased, I         | <u>1</u> / I = Irriga<br>Nonirrigate<br>O = Othe   | ed | N<br>Maple Sap)   | =     |
| A. CERTIFIER'S SIGNATURE B. DA                                     |   |  | B. DATE<br>(MM-DD-YYYY  | A. CERTIFIER'S SIGNATURE (B   |  |                                 |                           | B. DAT                  |                                |                             | A. CERTIFIER'S SIGNATURE (BY)      |                                   |          |                       | TE<br>-DD-YYYY) | 2/ I = Initial<br>P = Prevented<br>F = Failed<br>S = Subsequent Cr<br>D = Double Crop<br>R = Repeat<br>V = Volunteer |    | E = Experimental<br>IF = Initial Failed<br>IP = Initial Prevented<br>op SF = Subsequent<br>Failed<br>DF = Double-cropped<br>Prevented |       |

23. REMARKS/SKETCHES

**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 Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), the Agricultural Act of 2014 (7 U.S.C. 9018), 7 CFR Part 718 and 7 CFR Part 1437. The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs.

Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 7 U.S.C. 9091(2)(c)(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.

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