Florida Citrus Recovery Block Grant Program Application FORM DEM-CRBG-01

The following application is intended for citrus growers in the State of Florida seeking financial assistance to aid in the recovery of damages suffered during Hurricane Irma (DR-4337). The purpose of this application is both to clarify the eligibility of applicants to receive funding, as well as to collect information that will be used in calculating the amount of assistance distributed to eligible applicants.

Applicant Considerations

A 2017 Wildfires and Hurricanes Indemnity Program (WHIP) application must be completed and submitted to the USDA Farm Service Agency prior to submittal of this application. The WHIP application(s) and supporting documents must be provided as an attachment to this application.

Participation in this program requires you to obtain Federal Crop Insurance for Crop Years 2020 and 2021 for fruit and/or tree. If you elect, as described below, you may also be required to purchase insurance for 2022 and 2023. If you fail to meet these requirements, you will be required to refund all payments received under the program.

Applicants must demonstrate ongoing production and harvest activities for each year that payments are disbursed throughout the period of this agreement.

Period of Agreement

This agreement covers the period from September 10, 2017 through December 31, 2023.

Program Contact

For inquiries concerning the Florida Citrus Recovery Grant Block Program please contact: Joseph Oglesby, Senior Management Analyst Florida Division of Emergency Management <u>Joseph.Oglesby@em.myflorida.com</u> (850) 815-4450

THIS SECTION IS FOR STATE USE ONLY				
APPLICATION PREPARER	COMPLETED FSA-890 ATTACHED?			
DATE OF SUBMISSION	FSA OFFICE			
ASSIGNED DEM APPLICATION NO.				

I. Applicant General Information				
Applicant/Legal Entity Name				
County/Counties				
Federal Tax ID				
A. Applicant Point of	of Contact			
Name				
Title				
Address				
City, State, Zip				
Phone				
E-mail				
B. Authorized Appl	icant Agent*			
Name				
Title				
Address				
City, State, Zip				
Phone				
E-mail				
*Proof of Authorization Authority is required				

II. Farm Operation Information

Check this box to submit a complete 2017 WHIP FSA-890 and FSA-578 Form in lieu of completing Section II.

A. Subject Parcels/ Applicant Operation Locations

Please list parcels and number of acres below for impacted acreage **at the time of Hurricane Irma** (2018 Crop Year).

Proof of applicant ownership will be verified; additional proof of ownership documentation may be required. Maintenance and/or production records for the locations identified in this section are required to be submitted with this application to demonstrate ongoing harvest and production activities at the time of application.

County	Parcel Number	Variety	Net Tree Acres Older than 5 Years	Net 2018 Tree Acres 5 Years or Younger
Ex. Polk	222601000000011000	Valencia	1,236	1,564

B. Prior Years' Harvest Data (Boxes)

Please separate by variety. Harvest data for preceding five crop years is required. If not available, please provide any available harvest data within the preceding five crop years.

Crop Year	Parcel	Variety	Number of Boxes
Ex. 2016	222601000000011000	Tangor	87,000

Check this box if you cannot obtain production records from previous owner.

III. Production Loss Formula

The following formula will be utilized to determine percentage of production loss by County. Production loss for all varieties will be averaged to determine total production loss by County. Formula inputs will be identified on the FSA-890 Form unless Section II data was completed.

$$\left(1.00 - \frac{Production^*}{Acres \times Yield}\right) \times 100$$

*Production may be measured using "Production to Count" or "Assigned or Adjusted Production" identified on the FSA-890 Form.

IV. General Eligibility Questions

Please answer the following questions on behalf of the applicant/legal entity applying for assistance by selecting one box for each question.

		Yes	No
1.	Did you grow or attempt to grow citrus crops in the State of Florida in the 2017 calendar year at the locations/parcels identified in this application?		
2.	Did you own the 2018 crop, have a shared interest in the 2018 crop year, and/or a risk of loss in the 2018 crop that was damaged or lost as a result of Hurricane Irma?		
3.	Did your farming operation in the County have at least one acre of citrus groves used for citrus production during the time of Hurricane Irma?		
4.	Did your farming operation in the County have at least 100 citrus trees of the following varieties? Grapefruit; lemon; lime; mandarin; murcott; orange, including but not limited to the following varieties: early/mid-season, late, navel, temple, valencia, hamlin, pineapple, ambersweet, and honeybell; pummelo (pomelo); tangelo; tangerine; and tangor.		
5.	Did you receive benefits from the FSA Tree Assistance Program (TAP) for losses caused by Hurricane Irma for the locations/parcels identified in this application?		
6.	Are you and the crop for which you are applying eligible to purchase Federal Crop Insurance or Noninsured Crop Disaster Assistance Program (NAP) coverage?		

			Yes	No
7. Through maintenance and/or production records can you demonstrate ongoing production activities for the locations/parcels identified in this application as of the date of application submittal?				
3. Did you have Federal Crop Insurance for the 2017 crop year impacted by Hurricane Irma?				
9. Are you the only owner/shareholder of the farming operation and subject parcels identified above who owned the 2018 crop, had a shared interest in the crop or a risk of loss in the crop?				
	answered "no" to number 9, list other owners hip may be required.	and their share.	Additional	proof o
	Check this box if a CC-902 Form can be subm	nitted in lieu of th	e list below	•
Owne		wnership percent nount, or risk of l	-	
V.	Available Assistance			
Please	check boxes for the parts where you seek assista	ance.		
applica percent	ree parts below are the assistance available to eli tion identifies which areas of assistance an applicat age production loss of the 2018 crop citrus fruit (ts below is calculated using the formula presented i	ant is seeking fund (2017 calendar ye	ing. The doc ar crop) ide	cumented
Eligible	e applicants may receive up to \$1,130.50 per acre u	under Parts 1 and	2, as follows	s:
Part 1: \$385.00/acre Part 2: \$745.50/acre				
	\$1,130.50/aci	10		
	Part 1: Tree Resets, Grove Rehabilitation, and I Repair/Replacement	Irrigation System	1	
Upon d for up	locumented production loss of 2018 crop citrus fru to \$385.00 per acre for hurricane affected acres er may not receive payments under this Part on mo	s for the below p	urposes. Ar	n eligible

for up to \$385.00 per acre for hurricane affected acres for the below purposes. An eligible producer may not receive payments under this Part on more than 15,000 acres. Producers which received benefits under the FSA Tree Assistance Program (TAP) are not eligible to receive assistance under Part 1 for the same loss. Check all that apply.

DEM Application No.

	Yes	No	Completed?
Replacing destroyed trees with new trees			
Tree architecture recovery			
Standing up, pruning, or hedging damaged trees			
Rebalancing damaged root systems or foliage			
Rehabilitative nutrition (for trees weakened by hurricane stress)			
Treatment for disease or pest outbreaks (for trees weakened by hurricane stress)			
Weed management (to control increased weed growth due to hurricane defoliation)			
Repair or replacement of damaged irrigation and drainage systems			
Repair or replacement of damaged ditch and water flow systems			
Repair or replacement of damaged irrigation equipment			
Other rehabilitation needs caused by Hurricane Irma; Please describe.			

For work identified above that is already complete, proof of payment documentation is required to be submitted with this application to facilitate payment under Part 1. This documentation may include vendor invoices, canceled checks, credit card statements, etc.

For work identified as not yet complete, advance payments may be made to assist in completion of eligible activities. Proof of payment and other source documentation will be required to be submitted upon completion of eligible work.

Part 2: Future Economic Losses

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Upon documented production loss of 2018 crop citrus fruit of at least 40%, a producer is eligible for economic loss payments of up to \$372.75 per acre for compensation of expected citrus losses for each of crop years 2019 and 2020. To be eligible to apply for *Future Economic Losses*, you must apply for all eligible assistance under Part 1 (*Tree Resets, Grove Rehabilitation, and Irrigation System Repair/Replacement*). No acreage limit applies.

Part 3: Crop Insurance Purchase Requirement

Participation in the Florida Citrus Recovery Block Grant requires producers to purchase Federal crop insurance for both the 2020 and 2021 crop years at a minimum 60 percent level where insurance is available. Where Federal crop insurance is not available, producers must purchase NAP coverage for both the 2020 and 2021 crop years at a minimum 60 percent coverage level. If NAP coverage at the 60 percent coverage level is unavailable, producers will be required to

obtain basic 50/55 NAP coverage for both the 2020 and 2021 crop years. A producer may obtain a level of coverage greater than 60 percent, but the State shall only assist in the purchase at the 60 percent level.

Two options are available to satisfy the crop insurance purchase requirement. Select the option you desire. If no box is selected, option one will be the default.

Option 1 – Two-Year Insurance Option (2020 and 2021)

The applicant purchases Federal crop insurance consistent with the crop insurance purchase requirement identified at the beginning of the *Crop Insurance Purchase Requirement* section (above). The applicant is responsible to pay all administrative fees and producer-paid premiums without assistance under this program.

By signature and submission of this application, you acknowledge that if you fail to purchase the two years of insurance, you will be required to refund all payments received under the Block Grant to Provide Assistance to Citrus Growers. The State of Florida will require documentation to demonstrate active coverage for the periods required under this option. If you choose this option, you will not get reimbursed for your insurance costs.

Name and Signature:

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Option 2 – Four-Year Insurance Option (2020, 2021, 2022, and 2023)

The applicant purchases Federal crop insurance for the 2020 through 2023 crop years at the 60 percent coverage level where insurance is available. You will be reimbursed for your administrative fees and producer-paid premiums for the 2020 and 2021 crop years. For the 60 percent coverage for the 2022 and 2023 crop years, you are responsible to pay all administrative fees and producer-paid premiums without assistance under this program. This option is <u>not</u> available for applicants who are required to obtain NAP coverage.

By signature and submission of this application, you acknowledge that if you fail to purchase the four years of insurance, you will be required to refund all payments received under the Block Grant to Provide Assistance to Citrus Growers. The State of Florida will require documentation to demonstrate active coverage for the periods required under this option.

Name and Signature:

VI. Payments

Payments to eligible producers will be processed upon receipt of a complete application in accordance with the below deliverables:

General Deliverables –					
Completed Wildfires and Hurricanes Indemnity Program (WHIP) Application					
	• Certification of Ongoing Maintenance and Production (completed annually)				
Part 1	Part 1 Deliverables –				
	• Submittal of proof of payment documentation				
	Completed Payment Calculation Form DEM-CRBG-03				
Part 2	2 Deliverables –				
	• Completion of Site Inspection and corresponding Photograph Log				
	• Submittal of proof of insurance for 2020 crop year				
	• Submittal of proof of insurance for 2021 crop year				
Part 3	3 Deliverables –				
	• Submittal of proof of insurance for 2022 crop year, if elected				
	• Submittal of proof of insurance for 2023 crop year, if elected				
Appli	cants must register in the MyFloridaMarketPlace (MFMP) vendor payment system to				
	ve payment. Any fees associated with MFMP are waived for applicants.				
VII	Acknowledgements				
	I am duly authorized to sign on behalf of the applicant. I hereby give consent to the				
	State of Florida to share applications, data, and other relevant documents with USDA's				
	Farm Service Agency and Risk Management Agency. I further consent that Farm				
	Service Agency may provide the State of Florida with other data, information and				
	relevant documents to establish eligibility or implement the Citrus Block Grant.				
	I acknowledge that, upon request from USDA or the State of Florida, that I must				
	provide evidence that any funds awarded through this grant were used for the intended				
	purposes as identified in this application. Further, I consent and agree to allow the State				
	or USDA access to any grove or subject property of this agreement during regular				
	business hours, with reasonable notice and to provide documentation to assure				
	compliance with the terms of any awarded funding.				
	I certify that the statements made on the program application and any other program				
	documents are true and correct and that I understand that any false statements made as				
	part of the application, or any other program documents, can be the subject of				
	substantial civil and/or criminal liability and sanctions.				
	I agree to retain financial and other records relating to the funds for a period of 5 years				
	after completion of the distribution of grant funds or until final resolution of any audit				
	findings or litigation claims relating to the distribution of such fund, whichever is later.				
	By submittal of this application, I acknowledge that failure to provide access to required				
	documentation to demonstrate compliance with the terms of this application will result				
	in the grant to be considered to have been improperly made for which I shall be				
	responsible for a full refund to the State of any funds received.				

Name		Name		
Signature*		Signature*		
Date		Date		
*The above signature must be by an individual with legal signing authority for the respective legal entity.				