

2024 NC Agricultural Disaster Crop Loss Program

Grower Certification Form

Alternate NCDA&CS documentation to 2024 FSA Form 578 Producer Print for this disaster program. The information below is subject to all provisions of the Application Verification Affidavit submitted with the disaster application.

Please submit one form for every county you grew crops in 2024.

County: _____

This is to certify that: (Please type or Print)

Name: _____

Name or Business Name as shown on your tax returns *(must match NC Substitute W-9)*:

Address: _____

City/State/Zip: _____

Best Phone Number: _____

Email: _____

List the crops and corresponding acreage that you grew in 2024 that were impacted by disasters. Attach a farm/tract map to indicate where the crop was located in 2024.

Specialty Crops: Farmer Initials _____

Certifying Official Initials _____

Page 2 – 2024 NC Agricultural Disaster Crop Loss Program Grower Certification Documentation

Name _____

County _____

Commodity/Row Crops:

Nursery/Ornamental Crops:

Other Crops:

Affirmed: (Farmer's Signature) _____

FSA Farm #(s) _____

The individual listed above appeared before me this _____ day of _____ (month), _____ (year) and affirms that he/she is a farmer and grew crops in the State of North Carolina in 2024 and produced the crops and acreage indicated above. Farmer also affirms that they do not have a 2024 FSA Form 578 Producer Print on file.

Certified: (County Extension Agent, Regional Agronomist, etc. Signature)

Certifier's Name and Title: _____

Certifier's Phone Number: _____

Certifier Email: _____