

Instructions For FSA-940

SPOT MARKET HOG PANDEMIC PROGRAM (SMHPP) APPLICATION

This form will be used by producers to apply for SMHPP benefits.

Submit the original of the completed form in hard copy, email, or facsimile to the appropriate United States Department of Agriculture (USDA) Farm Service Agency (FSA) servicing office, which may be found here:

<https://offices.sc.egov.usda.gov/locator/app>

Applicants who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the only person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to those producers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms website:

<https://forms.sc.egov.usda.gov/eForms/welcomeAction.do?Home>.

Producers must complete; Items 5 through 10C

Items 1-4 are for FSA use only.

Items 5-10C

Item No. / Field Name	Instruction
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Part B – SMHPP Producer Information

5 Producer's Name, Address (City, State, and Zip Code), and Phone Number (Including Area Code)	Enter the following producer information: <ul style="list-style-type: none">• name• address, including ZIP code• phone number, including area code.
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Item No. / Field Name	Instruction
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Part C – SMHPP Hogs Sold

6 Total Number of Producer Sold Hogs through a Spot Market Sale from April 16, 2020 through Sept. 1, 2020 (<i>Excluding Breeding Stock</i>)	Enter the total head of hogs sold through a Spot Market sale from April 16, 2020 through Sept. 1, 2020, (excluding breeding stock). Note: The producer’s total head of hogs may exceed SMHPP’s maximum head of hogs for payment. A hog is considered sold on the date of the negotiated sale agreement, rather than when the hog or payment is delivered.
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Item 7 is for FSA use only.

Part D – SMHPP Producer Certification

8 Producer Certification	All producers must check “YES” or “NO” to certify whether they are an individual person that is a US Citizen or Resident Alien; or a legal entity, including corporation, LLC, LP, trust, estate, general partnership or joint venture, or similar type entity, comprised solely of persons who are U.S. Citizens or Resident Aliens; or is an Indian Tribe or Tribal organization, as defined in section 4 (b) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).
9 Producer Certification	All producers must check “YES” or “NO” to certify whether they are a contract grower, Federal, State, or local government (including public school), or a processor or packer.
10A Signature (<i>By</i>)	Producer applying for SMHPP benefits must sign.
10B Title/Relationship of the Individual Signing in the Representative Capacity	Enter title and/or relationship to the individual when signing in a representative capacity. Note: If the individual signing is not signing in a representative capacity, this field should be left blank.
10C Date (MM/DD/YYYY)	Enter the date the FSA-940 is signed in Item 12A.

Items 11-12 are for FSA use only.