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FSA-321 **USDA-FSA**
(05-26-05)

FINALITY RULE AND EQUITABLE RELIEF

1. State Name	2. County Name	3. Control No.	4. Program Year

5. Program	6. Reference No.

7. Type of Request: (Choose one)
Finality Rule ☐ Misaction/Misinformation ☐ Failure to Fully Comply ☐

8. Participant's Name and Address

9A. Fully Describe the Error

9B. Who Made the Error?	9C. Who Discovered the Error? *(OIG, COR, Producer, Etc.)*

10. State the Circumstances Under Which the Discovery Was Made

11A. Finality Rule Effective Date *(MM-DD-YYYY)*	11B. Date Discovered *(MM-DD-YYYY)*

12A. Incorrect Amount	12B. Correct Amount	12C. Difference Between Items 12A and 12B
$	$	$

13A. For cases of misaction/misinformation or failure to fully comply specify the action the participant took, or failed to take, as a result of misaction/misinformation that was detrimental to the participant, or how the participant otherwise failed, in good faith, to fully comply with the requirements of the program.

13B. All requirements for relief have been met in accordance with 7-CP. ☐ Yes ☐ No

14A. Recommendation and basis for recommendation:

14B. Signature (COC Representative)	14C. Title	14D. Date of COC Minutes (M*M-DD-YYYY)*

15A. STC Action *(Choose One)*
- ☐ requirements for equitable relief met; case within STC authority
- ☐ requirements for equitable relief met; approval by DAFP recommended
- ☐ requirements for relief not met

15B. SED Action *(Choose One)*
- ☐ relief granted under special authority, subject to OGC concurrence
- ☐ DAFP approval recommended
- ☐ finality rule applies

15C. Signature (SED or STC)	15D. Title	15E. Date *(MM-DD-YYYY)*

16A. CCC-184 or EFT Number	16B. Date of CCC-184 or EFT	16C. Amount of Refund
		$

For Cases of SED Request for Special Relief Approval Authority Only

17A. OGC Signature	17B. OGC Action	17C. Date *(MM-DD-YYYY)*
	☐ Concurs ☐ Does not concur	

For Cases of DAFP Authority Only

18A. DAFP Signature	18B. DAFP Action	18C. Date *(MM-DD-YYYY)*
	☐ Approve ☐ Disapprove	

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