

# Agriculture Disaster Program Application

## Attachment A



### Available to farms and on-farm producers

Applicant / Farm Name			Contact Name and Title		
County			Day Phone:(    )		
Farm Address			Cell Phone:(    )		
Address Line 2			Fax:(    )		
			(Please circle the best number to call)		
City	State	Zip	Correspondence Address (if different than Farm Address)		
Federal ID number or Social Security Number			E-mail Address		

- Dairy   
  Orchard   
  Maple producer   
  Poultry/egg   
  Greenhouse  
 Vegetable   
  Hog   
  Vineyard   
  Grain dryer   
  Other \_\_\_\_\_

Farm size (for example: number of milking cows, acres of greenhouse, etc.) please label units	Annual Production please label units	Number of employees
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### Utility Information: Please attach a copy of the utility bill

Electric Utility	Natural Gas Utility
Do you pay SBC on your Electric utility bill: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you pay SBC on your Gas utility bill: <input type="checkbox"/> Yes <input type="checkbox"/> No
Account number(s)	Account numbers(s)

Description: Please describe the project

Project cost: estimated or actual

**Please attach documents including quotes or invoices received and system or equipment specifications. Applications submitted without this supporting documentation will be rejected.**

Information about insurance settlements or other financial assistance from disaster relief programs and any other relevant information may also be attached.

**For questions or assistance, please call 1-800-732-1399**

### Agreement to Terms, Conditions, and Certification

Applications will be processed in the order in which they are received until the Agriculture Disaster Program funds are fully committed.

I understand that this application does not guarantee incentives will be received.

I attest that the equipment is being replaced as a direct result of Hurricane Irene or Tropical Storm Lee and that the equipment or system was not purchased prior to August 28, 2011 for Hurricane Irene or September 4, 2011 for Tropical Storm Lee. I understand that final payment will be contingent on total costs, any insurance settlement and/or financial assistance received for the same equipment or system. Upon approval, payment will be issued to the Applicant.

As the Applicant, I certify I have disclosed all other incentives or financial compensation I received from any other entity (for example: United States Department of Agriculture (USDA), Federal Emergency Management Agency (FEMA) or insurance) for the same equipment or system listed on this application.

I certify that this Facility is a customer of a New York State investor-owned utility and the System Benefits Charge is paid.

Farms receiving awards under this PON will be able to return funds to the State if the farm determines that funding from another State or federal program is more advantageous and the acceptance of disaster recovery funds under this PON would otherwise make the farm ineligible for funds from other sources.

Under penalties of perjury, I, the Applicant, certify that: the Federal ID# and/or social security# shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and I am a U.S. citizen or other U.S. person (as defined in IRS Form W-9).

**I certify that I am an authorized signatory for the Applicant/Farm.**

**Authorized Applicant Signature:** \_\_\_\_\_

**Name and title (please print):** \_\_\_\_\_

**Date:** \_\_\_\_\_