**Livestock Equipment • Livestock Feed Storage • Cattle Genetics • Hay Storage • Grain Storage**

# TAEP COST SHARE APPLICATION 2008-2009

| Office Use Only – Date: Postmark or Hand-delivered | | STARS: | YES | NO |
|---|---|---|---|---|

**PLEASE PRINT CLEARLY**

## 1. APPLICANT INFORMATION – (ONLY ONE APPLICATION PER FISCAL YEAR)

| **Last Name:** | **First Name:** | **Middle Initial:** | ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Miss | ❑ SR ❑ JR ❑ Other | **Social Security Number** ___ - __ - ____ **Federal Tax Identification #** __ - _____ |
|---|---|---|---|---|---|

**Farm Name:**

| **Producer Mailing Address (#1)** | Home Phone #: |
|---|---|
| Street: | Cell Phone #: |
| City: | E-mail Address: |
| State: **TENNESSEE** Zip: | |

## 2. PREMISES INFORMATION

| **Premises Acct #:** | **Premises ID #:** | **Farm Address (#2) – physical location of farm** ❑ *Same as mailing address listed above* |
|---|---|---|
| | | Street: |
| | | City: |
| | | State: **TENNESSEE** Zip: |
| | | **County where farm is located:** |

- *Applicants with livestock on their premises must register their premises with the State of Tennessee to be eligible for cost share.*
- *Applicant name must match premises account to be eligible.*
- *Only one application per premises per household allowed each fiscal year.*

## 3. EDUCATIONAL INFORMATION

| **Beef Quality Assurance** – ***Required for CATTLE*** | | | **Pork Quality Assurance** – ***Required for SWINE*** | | |
|---|---|---|---|---|---|
| ❑ No ❑ Yes | **BQA Certification #** | **Expiration Date:** | ❑ No ❑ Yes | **PQA Certification #** | **Expiration Date:** |

| **UT Master Beef Producer** ***Required for 50% Cost Share Eligibility for CATTLE ONLY*** | **UT Master Meat Goat Producer** ***Required for 50% Cost Share Eligibility for GOATS/SHEEP ONLY*** |
|---|---|
| ❑ No ❑ Year Completed _____ ❑ Plan to attend | ❑ No ❑ Year Completed _____ ❑ Plan to attend |
| County where course is held: _____ | County where course is held: _____ |

| **UT Quality Milk Program (Dairy)** ***Required for 50% Cost Share Eligibility for DAIRY ONLY*** | |
|---|---|
| ❑ No ❑ Year Completed _____ ❑ Plan to attend ***Must complete 3 or more modules to be eligible for 50% cost share.*** | ➢ *Course/certification must be completed by applicant.* ➢ *Farm managers or spouses cannot be substituted.* ➢ *Master certification must be completed prior to program reimbursement deadline.* |

**CONTINUED**

Application Period Closed

AG-0650

## 4. LIVESTOCK AND ACREAGE INFORMATION: Check type of livestock/acreage on your operation and LIST NUMBER OF HEAD OR ACRES in box below.

| ❑ Beef | ❑ Dairy* | ❑ Goats | ❑ Sheep | ❑ Broilers | ❑ Layers | ❑ Swine | ❑ Hay | ❑ Corn ❑ Soybeans ❑ Wheat ❑ Other |
|---|---|---|---|---|---|---|---|---|
| #hd | #hd | #hd | #hd | #hd | #hd | #hd | #ac | Total number of acres in crop production: #ac |

*** Dairy Permit Number:**

## 5. COST SHARE REQUEST SUMMARY - *$250 Minimum Request Per Program*

*Important: Failure to utilize allocated funds can affect eligibility for future programs.*

| Program | Livestock/Acreage Minimum Requirements *Must meet at least one requirement per program* | Eligible Items | COST QUOTE with contact info | 35% Cost Share Standard Producer | 50% Cost Share Master Producer | TOTAL Cost Share Requested | Office Use Only |
|---|---|---|---|---|---|---|---|
| **Livestock Equipment & Handling Facilities** | CATTLE – 15 HEAD<br>GOATS/SHEEP – 30 HEAD | *See Section A (page 4)* | Not Required | ❑ **$3,500 MAX** | ❑ **$3,500 MAX** | **$**<br>❑ **No Request** | ❑ **A**<br>❑ **D** |
| **Livestock Feed Storage** | CATTLE – 40 HEAD<br>GOATS/SHEEP – 80 HEAD<br>BROILERS – 10,000/YR<br>LAYERS – 5,000/YR<br>SWINE – 40 HEAD | *See Section B (page 5)* | Cost Quote Required with application | ❑ **$10,000 MAX** | ❑ **$15,000 MAX** | **$**<br>❑ **No Request** | ❑ **A**<br>❑ **D** |
| **Cattle Genetics** | CATTLE – 15 HEAD | *See Section C (page 6)* | Not Required | ❑ **$1,200 MAX** | ❑ **$1,200 MAX** | **$**<br>❑ **No Request** | ❑ **A**<br>❑ D |
| **Hay Storage** | CATTLE – 15 HEAD<br>GOATS/SHEEP – 30 HEAD<br>HAY – 50 ACRES | *See Section D (page 7)* | Cost Quote Required with application | ❑ **$5,000 MAX** | **Not Available** | **$**<br>❑ **No Request** | ❑ **A**<br>❑ **D** |
| **Grain Storage** | GRAIN – 100 ACRES | *See Section E (page 8)* | Cost Quote Required with application | ❑ **$15,000 MAX** | **Not Available** | **$**<br>❑ **No Request** | ❑ **A**<br>❑ **D** |

*I certify that all the information on this application is complete, true, and factual to the best of my knowledge and belief. I understand that providing any false, fraudulent, or misleading information may result in penalties and/or make this farm/tract ineligible to participate in present and/or future Tennessee Department of Agriculture programs.* ***I also understand that failure to utilize allocated funds can affect eligibility for future programs.***

**TOTAL COST SHARE REQUESTED** **$**

**$250 Minimum Request Per Program**

***SIGN HERE***

***X*** _____

Producer Signature

_____

**Print Name** **Date**

## CHECKLIST FOR APPLYING

- ***Application – completed & signed***
- ***Substitute W-9 – completed & signed***
- ***Copy of Master Producer Certification, required for 50% cost share***
- ***Cost Quote, if required***

## NO FAXES ACCEPTED

**Mail to:** **TN Dept. of Agriculture**
**Attn: TAEP FY08-09**
**P.O. Box 40627**
**Nashville, TN 37204**

***Applications must be hand-delivered or postmarked between June 2 – August 1, 2008.***

Application Period Closed



www.PickTnProducts.org

**REQUIRED FOR APPLICATION APPROVAL**

# SUBSTITUTE W-9 FORM

## REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

**1. Please complete general information:**

Taxpayer Name _____ Phone Number_____

Business Name (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

***Reimbursement check will be mailed to this address.***

**2. Circle the most appropriate category below: (please circle only one)**

1) Individual (not an actual business)
2) Joint account (two or more individuals)
3) Custodian account of a minor
4) a. Revocable savings trust (grantor is also trustee)
   b. So-called trust account that is not a legal or valid trust under state law
5) Sole proprietorship (using a social security number for the taxpayer ID)
6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
7) A valid trust, estate, or pension trust
8) Corporation
9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
10) Partnership
11) A broker or registered nominee
12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

**3. Fill in your taxpayer identification number below: (please complete only one)**

**1) If you circled number 1-5 above, fill in your Social Security Number.**

____ ____ ____ - ____ ____ - ____ ____ ____ ____

**2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).**

____ ____ - ____ ____ ____ ____ ____ ____ ____

**4. Sign and date the form:**

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable)_____

Application Period Closed

# Application Checklist

- ❑ **Do you meet the eligibility requirements?**
- ❑ **Do you have your Premises ID?** *This is a requirement for applicants with livestock. Applicant's name must match the name listed on premises account to be eligible for cost share.*
- ❑ **Do you have the demonstrated ability and financial capacity to complete the project(s) you have requested cost share for?** *(Failure to utilize allocated funds can affect eligibility for future program participation.)*
- ❑ **Have you completed all sections of the application?** *It is very important to fill in all blanks and check the appropriate boxes when requested. Incomplete answers will result in no allocation.*
- ❑ **Did you sign your application?**
- ❑ **I understand that I can only submit one application per fiscal year for Livestock Equipment, Livestock Feed Storage, Genetics, Hay Storage and Grain Storage (pages 11-12) and one application for Producer Diversification (pages 13-14).**
- ❑ **Did you sign and include Substitute W-9?** *Cost share reimbursement will be mailed to address listed on W-9.*
- ❑ **Did you include a project budget with cost quotes, including the source of the quote(s) and contact information, with your application?** *Livestock Feed Storage, Hay Storage, and Grain Storage programs REQUIRE a project budget to be submitted along with the application. This budget will determine the exact amount of cost share allocated for the project. Producer Diversification applicants must complete application proposal which requests similar information.*

**Sample Format**

| Item Description | Source of Cost Quote | Cost | Cost Share% | Cost Share Request |
|---|---|---|---|---|
| 60x40x16 Pole Barn w/ 2 side walls | Chick's Custom Construction<br>931-020-1001<br>*See attached written cost estimate | $12,500.00 | 35% | $4,375.00 |
| Gravel — 5 loads | Davidson Stone Co.<br>615-000-2222 | $625.00 | 35% | $218.75 |
| | | | **Total Amount of Cost Share Requested:** | **$4,593.75** |

- ❑ **I understand that the minimum cost share request per program is $250.00.**
- ❑ **Did you make a copy of your application and support documentation for your reference?**

# TAEP Contact Information

livestock.improvement@state.tn.us
hay.storage@state.tn.us
livestock.feedstorage@state.tn.us
grain.storage@state.tn.us
ag.growth@state.tn.us

Tennessee Agricultural Enhancement Program
Tennessee Department of Agriculture
Ellington Agricultural Center
P.O. Box 40627
Nashville, TN 37204

Information Line
1.800.342.8206