

Completed applications must be
Postmarked by **September 30, 2020**
PA Dept. of Agriculture
ATTN: Morgan Sheffield



COVID-19 ASSISTANCE FOR DAIRY - INDEMNITY APPLICATION

Administered by the Pennsylvania Department of Agriculture to provide an indemnity payment to reimburse losses for dairy farmers experiencing financial losses due to discarded or displaced milk during COVID-19 disaster declaration March 6, 2020 through **September 30, 2020**. Specific details and directions are on Page 2 of this application.

1. Applicant's Name: _____ 2. Title _____

3. Payee(s)'s Name: **PLEASE COMPLETE ONLY ONE: A or B**

A. Applying under Business Name _____

BUSINESS EIN#

B. Applying as individual(s) All individuals whose name appears on the milk check you receive from your milk handler must be listed if completing this section, along with their social security number (SS#)

Payee 1: _____ Payee 2: _____

SS # **SS#**

4. Owner(s): _____

5. Company/Dairy Farm Name: _____

6. Address: _____

7. City: _____ State: _____ Zip: _____

8. Phone #: (____) _____ Fax: (____) _____ Email: _____

9. Name of Milk Handler: _____

10. Member or Patron Number with that Handler: _____

11. Volume of discarded milk (in pounds) for which no compensation was received: _____

12. Dates milk was discarded: _____

13. Volume of discarded milk (in pounds) for which partial compensation was received: _____

14. Partial Payment Received (in dollars): _____ 15. Dates milk was discarded: _____

16. Total COVID19-related fees assessed on your milk check due to discarded milk: _____

17. OPTIONAL PROVISION FOR COOPERATIVE MEMBERS ONLY:

I authorize the Pennsylvania Department of Agriculture to make indemnity payment due to me under this program to _____ (Name of Cooperative).

Applicant(s)'s Signature for Optional Provision: _____

I verify that the information I provided on this application is true and correct. False statements are subject to penalties for unsworn falsifications to authorities (18 Pa. C.S.A. Section 4904). Please keep any records supporting this application for three years after date of submission.

18. Applicant(s)'s Signature: _____ Date: _____

COVID-19 ASSISTANCE FOR DAIRY – INDEMNITY APPLICATION INSTRUCTIONS

Administered by the Pennsylvania Department of Agriculture for dairy farmers who experienced financial losses due to discarded or displaced milk during the COVID-19 disaster declaration March 6, 2020 through September 30, 2020 to apply for indemnity payment to reimburse losses. Every dairy farm who experienced a loss due to milk discarded, including those who were assessed a fee by their cooperative for all milk discarded, is eligible to apply. Payment will be made as follows: a minimum of \$1500 for each farm, and for farms that were assessed for discarded milk that exceeded the \$1500, an additional pro-rata share of the remaining funds in the COVID 19 Dairy Assistance Program, not to exceed the actual amount assessed by the handler. Please print or type in blue or black ink only. Mail completed application to address below.

- 1-2. Applicant's Name and Title of individual completing this application.
3. Payee(s)'s Name: Please either complete A or B. If completing A, include the Farm Business Legal Name and its Employer Identification Number. If completing B, list all individuals whose names appear on the milk check you receive from your milk handler and their social security number. (IE: In case of spouses, list both spouses and their social security numbers.)
- 4-8. Owners' contact information. This is where any and all correspondence, as well as the reimbursement check will be mailed. If you do not have a fax number or email address, you may leave that blank.
9. Name of Milk Handler: Provide the milk processing company or milk marketing cooperative that markets and handles your milk.
10. Member or Patron Number: List the Patron or Member Number your milk handler uses to identify your farm within their system.
11. Volume of Discarded Milk with no compensation: Include the **TOTAL** number of pounds of milk that you dumped on your farm or used for other purposes and for which you did not receive any payment at all from your milk handler. *Note:* You should have written a record of the milk you did not ship during the COVID-19 pandemic. This number would be the total of those records. The total financial loss associated with this discarded milk will be calculated by the Pennsylvania Department of Agriculture based on a price formula provided by the Pennsylvania Milk Marketing Board.
12. Dates milk was discarded: Provide all dates on which the milk included in your answer to #11 was dumped or discarded.
13. Volume of Discarded Milk with partial compensation: If you were asked to discard your milk by your milk handler due to the COVID-19 pandemic and received a partial payment for that milk, put the total volume of that milk in pounds in this line. (*Note:* this does not include milk that was dumped on the farm within a cooperative system and pooled across the entire membership to carry the cost.)
14. Partial Payment Received: Provide the total payment you received (in dollars) for milk included in your answer to #13.
15. Date milk was discarded: Provide all dates on which the milk included in your answer to #13 was dumped or discarded.
16. Total COVID-19 related fees assessed on your milk check: This should be the total of any fees that you were charged by your milk handler that were specifically related to discarded, displaced or dumped milk within your cooperative system. If you are not certain what this amount is, please contact your cooperative field representative.
17. Optional Provision for Cooperative Members Only: If you are a member of a cooperative and would like your indemnity payment to be made to your cooperative on your behalf and distributed back to you in your milk check, rather than having it paid directly to you from the Pennsylvania Department of Agriculture, please list the name of your cooperative and provide your signature authorizing this request.
18. Applicant's Signature and Date: Please sign and date the application and return it to the address below.

*Applications postmarked after September 30, 2020, not be processed. If you have any questions, or need additional information, please contact Morgan Sheffield at 717-787-3568 or by email at mshffield@pa.gov. Additional applications may also be printed out from our website.

Submit Applications to:

*Pennsylvania Department of Agriculture
Attn: Morgan Sheffield
2301 North Cameron Street
Harrisburg, PA 17110
Ph: 717-787-3568
Fax: 717-787-5643*