Application Received Date:_____ Application #:_____ Wait list #:_____ Application Approval Date:_____

The Greater Appalachian Sheep and Goat Improvement Initiative Application

Applicant:_____

Business Name:_____FSA/USDA Farm Tract Number:_____

Address:_____

Phone:_____ Email:_____

Town:_____ County:_____ Acreage Amt:_____

Applicant Request: I request funding through the TRRC Greater Appalachian Sheep and Goat Improvement Initiative Cost-share program for the listed practices. I agree to install and maintain this practice according to the Program Guidelines. I also agree to allow appropriate agency personnel access to land under my control for the purpose of evaluation, design, construction and inspection of said practices for the 5 year lifespan of the practice. I agree to maintain the flock or herd of sheep and goats while following growth requirements. I certify that I meet eligibility requirements and request funding through Cost Share.

Signature:_____ Date:_____

Items to be verified:

Farm Business Plan:_____

Educational Program:_____

Please Mark Cost-share Option:

New Producer Cost-share: _____

Youth Producer Cost-share (ages 16-18):_____

Existing Producer Cost-share:_____

Value Added Cost-share:_____

Attach the following documents:

IRS W9:_____ Proof of Insurance:_____

The Greater Appalachian Sheep and Goat Improvement Initiative must be completed within 180 days following approval. Applicants initials:_____

Describe requested practice (s) including as much detail as possible. (Please attach additional explanation, diagrams or plans, and price quotes).

_____

_____

_____

Total Estimated Cost of Practice: $_____

Agent Approval and Statement of Technical Need: I have reviewed this Application and have indicated the extent authorizes based on technical need and Program Guideline Requirements:

Signed:_____ Date:_____

Title:_____ Phone:_____

DOC Approved Total $ _____

DOC Signed: _____ Date:_____

Date Receipts/Invoices Received: _____ Attached: _____

Actual Cost Submitted Total: $_____

Signed: _____Title:_____Date:_____

DOC Payment Approval Total: $_____

DOC Signed:_____Date:_____

Participate Installation Certification: I certifiy that the information provided on this form is true and correct. I have installed and agree to maintain the listed practice items for the lifespan in accordance with Program Guideline. I agree to refund all or part of the cost-share assistance if any practice or requirements is found not to meet program specifications or the practice/facility is removed or not properly maintained during the lifespan. I understand that the sale, lease, or changed use of the property will not exempt me from this requirement.

Signed:_____Date:_____

Practice installation certification: I certify that the facility/purchases has been made/installed according to Program Guidelines specifications. Signed Agent:_____