

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 certify 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: _____