



NEW HAMPSHIRE DEPARTMENT OF
AGRICULTURE, MARKETS & FOOD

DAIRY DROUGHT RELIEF PROGRAM
Chapter 21, Laws of 2017

Producer Application

Submission deadline – **May 24, 2017**

NOTE: This document is provided pursuant to RSA 184:112-114. By statute, the administration of this program, including the development of forms, is exempt from RSA 541-A therefore this application has not undergone the rulemaking process.

I. WHO QUALIFIES: A dairy farmer in the business of producing milk in 2016 and who holds a permit as a producer (RSA 184:88) or a license as a producer-distributor (RSA 184:84) from the New Hampshire Department of Health and Human Services, Dairy Sanitation Program. Should a producer cease to be a producer for any reason on or before December 31, 2020, the producer shall reimburse the state the entire amount paid to the producer under this program.

II. DEADLINE: In order to qualify for participation, the original, signed application must be received by the New Hampshire Department of Agriculture, Markets, and Food (department) no later than **May 24, 2017**. The original application can either be mailed to PO Box 2042, Concord, NH 03302-2042 or hand-delivered to 25 Capitol Street, Second Floor, Concord, NH 03301.

III. APPLICANT INFORMATION

Producer: _____

Farm Name: _____

Farm Address: _____

Town, State

Zip: _____

IV. CALCULATION: Disaster relief payments will be calculated based on the following formula from the authorizing statute:

$(\$6.10 \times \text{hundredweights of milk produced in 2016} \times \% \text{ homegrown feed loss due to drought}) - (\text{any drought related payments from the federal government for 2016 crop production})$

V. SUPPORTING DOCUMENTATION:

The department requires the following information per RSA 184:112-114 in order to calculate Dairy Drought Relief Program distributions. If the amount appropriated for the program is insufficient to pay each producer entirely in the manner as outlined, the final distribution shall be prorated and reduced proportionally for the benefit of all the producer applicants. The applicant must also submit the attached “Vendor application” and “Alternate W9” to receive payment.

By statute, homegrown feed includes “any combination” of hay, haylage, silage, pasture, and grain “grown on land owned or leased by the producer”. The applicant has the option to provide baseline crop production information from either 2014 or 2015 for calculation of 2016 drought losses. Please clearly mark an “X” in the 2016 box for crop items which are not being claimed as drought losses in 2016.

The applicant is required to provide “proof of loss” from a “competent authority”. These can be records provided by a third party (e.g. a lender, accountant, organic certifier, etc. with proper records) documenting crop loss from either 2014 or 2015 to 2016. For those producers who keep their own records, you must enlist the assistance of a third party such as UNH Cooperative Extension, USDA FSA, and/or another competent authority who can review your records in support of this application. Note that no third party is required to participate or to approve the records provided. Farmers cannot be their own “competent authority” nor can the agency that is administering the program.



In order to verify the production and crop loss numbers provided in the table on page 3, the applicant shall:

1) Attach to this application such records and data kept by the producer or producer's agent, USDA Farm Service Agency, USDA Agricultural Marketing Service Dairy Marketing Program, UNH Cooperative Extension, Dairy Marketing Services LLC, or the producer's lender, cooperative, insurance agent, crop insurance representative, or processor which support the numbers stated in the following table (i.e. total milk production for 2016, crop losses for 2016 and either 2014 or 2015 as comparison);

2) Use the same metric for 2016 and the chosen comparison year (e.g. bales or tons of hay, bushels or tons of grain, truckloads or tons of silage, tons versus grazing days on pasture, etc.);

3) Specify in the table how many acres were farmed in each year (e.g. 1200 tons of haylage from 200 acres in 2016 versus 1200 tons of haylage from 180 acres in 2014); and

4) Attach to this application records of any drought-related payments from the federal government for the 2016 growing season.

The only information subject to public disclosure will be the percentage of homegrown feed loss approved by the department and the total payment made to the producer.

V. CERTIFICATION and REQUIRED INFORMATION

I hereby swear under penalty of unsworn falsification, RSA 641:3, that all of these statements are true and complete and do promise to abide by and comply with the laws governing the Dairy Drought Relief Program in the State of New Hampshire.

Producer or authorized agent signature

Date of signature



| | 2016 | 2015 | 2014 |
|---|------|------|------|
| Pounds of milk production in hundredweights | | N/A | N/A |
| Hay production | | | |
| Haylage production | | | |
| Silage production | | | |
| Pasture production | | | |
| Homegrown grain production | | | |
| Total 2016 drought-related payments received from the federal government in dollars | | N/A | N/A |

With my signature below, I attest that the records presented for my review appear to reasonably support the claims made by the producer in this application.

Name and Agency

Signature

Date





**State of New Hampshire
VENDOR APPLICATION**

VENDOR # _____
(Assigned by Purchase & Property)

BUSINESS NAME/ADDRESS LOCATION

Legal Business Name: _____

Doing Business As Name: _____

Payment Address: _____

City/Town: _____ STATE: _____ ZIP: _____

Business Address: _____

City/Town: _____ STATE: _____ ZIP: _____

Telephone #: _____ Cell Phone #: _____ FAX #: _____

Website: _____ E-Mail (Main Office): _____

Electronic Payment Option: Please contact Treasury at treasury@treasury.state.nh.us or visit their website at www.nh.gov/treasury for further information on this option.

TYPE OF BUSINESS
(Note: Registration with the NH Secretary of State MUST be done prior to the awarding of any contracts) www.nh.gov/sos/corporate (603) 271-3244

Registered with NH Secretary of State? _____ State Incorporated In: _____

Service Provider Product/Merchandise Provider Other Provider

List the principal type of service, product or other that is provided: _____

| | | | | | |
|-----------------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------|
| Minority Institutions | <input type="checkbox"/> | Minority Owned Large Business | <input type="checkbox"/> | Minority Owned Small Business | <input type="checkbox"/> |
| Disabled Veteran Business | <input type="checkbox"/> | Svs Disabled Veteran Owned | <input type="checkbox"/> | Veteran Owned Small Business | <input type="checkbox"/> |
| Physically Challenged Bus | <input type="checkbox"/> | SBA Cert Fin Disadvantaged Bus | <input type="checkbox"/> | SBA Cert Hist Underutilized Bus | <input type="checkbox"/> |
| Historically Black Colleges | <input type="checkbox"/> | Women Owned Sm Bus | <input type="checkbox"/> | Women Owned Large Businesses | <input type="checkbox"/> |
| Small Business | <input type="checkbox"/> | SBA Cert Sm Disadvantaged Bus | <input type="checkbox"/> | | |

SIGNATURE BLOCK

I certify the above information to be correct and grant authorization to the State of New Hampshire to investigate any and all facts contained therein, including facility visitation.

Name and Title (print or type): _____

Signature: _____ Date: _____

RETURN ADDRESS

**AGRICULTURE, MARKETS & FOOD
PO BOX 2042
25 CAPITOL STREET
STATE HOUSE ANNEX
CONCORD NH 03302-2042**

(Phone) 603-271-3551
(Fax) 603-271-1109



STATE OF NEW HAMPSHIRE ALTERNATE W-9 FORM

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

VENDOR # _____
(Assigned by Purchase & Property)

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 28% withholding on each payment made to you. To avoid this 28% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

If a service provider is a part of a **GROUP PRACTICE**, it is the group name & TIN which is required on this Alternate W-9.
If the service provider is a **SOLE PROPRIETOR**, it is the individual name & TIN which is required on this Alternate W-9.

INDIVIDUAL/LEGAL/BUSINESS NAME: _____

Doing Business As Name: _____

TAX/PAYMENT ADDRESS: _____

CITY/TOWN: _____ **STATE:** _____ **ZIP:** _____

BUSINESS ADDRESS: _____

CITY/TOWN: _____ **STATE:** _____ **ZIP:** _____

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return

Social Security # (SSN): _____ **Fed ID # (EIN/FIN):** _____

PRINCIPAL ACTIVITY

Service Provider Product/Merchandise Provider Other Provider

List the principal type of service, product or other that is provided: _____

Medical/Health Care Services **Legal Services** **1099 Grant Reportable**

DESIGNATION (select ONLY THOSE which apply to you/your organization as provided to the IRS)

Individual/Sole-Proprietor Corporation (S) Government
 Single Member LLC
 LLC (C Corporation) Corporation (C) Travel/Intern
 LLC (S Corporation) Partnership Refund/Reimbursement
 LLC (P Partnership) Estate or Trust Tax-Exempt

EXEMPTIONS: _____ Exemption from FATCA reporting: _____

Under penalty of perjury, I declare that the information provided is true, correct & complete, to the best of my knowledge & belief.

NAME & TITLE (print or type): _____

TELEPHONE #: _____ **CELL PHONE #:** _____ **FAX #:** _____

SIGNATURE: _____ **DATE:** _____

Website: _____ **E-Mail (Main Office):** _____

RETURN ADDRESS:

**AGRICULTURE, MARKETS & FOOD
PO BOX 2042
25 CAPITOL STREET
STATE HOUSE ANNEX
CONCORD NH 03302-2042**

(Phone) 603-271-3551
(Fax) 603-271-1109