**Instructions for RD Form 4288-05**

***Repowering Assistance Program � Agreement***

**This form must be submitted to the appropriate office to process payment for Repowering Assistance.**

**Prepared by the Agency.� Submit the one original.**

**Original should be signed by the Agency approval official and awardee.� The Original to appropriate USDA RD Energy Division in Washington DC**

**Applicants must complete portions of Item 2-4.**

| **Fld Name / Item No.** | **Instruction** |
| --- | --- |
| 1. Name of Biorefinery | Enter name. |
| 2.� Mail Address | Enter mailing address. |
| 3.� Contact Person Name | Enter contact person name. |
| 4. Contact Person Title | Enter contact person title. |
| 4. IRS Tax Identification Number of Producer | Enter the contact person tax identification number of producer. |
| 5. DUNS Number | Enter contact person DUNS number. |
| 6. Telephone Number | Enter contact person telephone number. |
| 7. Fax �No. | Enter contact person fax number. |
| 8. E-Mail Address | Enter contact person email address. |
| 9. Total Payment Amount | Enter the total payment amount. |

*Part C: program Address and Phone Number*

| **Fld Name / Item No.** | **Instruction** |
| --- | --- |
| 1. Agency Address/Fax Number | Enter the address agency address and fax number. |
| 3. Electronic Transfer Funds Information | Enter the Bank name, routing number and account number.� |

*Part I: Certification And Acceptance*

| **Fld Name / Item No.** | **Instruction** |
| --- | --- |
| 1a. Biorefinery Name | Enter biorefinery name. |
| 1b. | Signature Field |
| 1c. Title | Enter the person who will sign document title. |
| 1d. Date | Enter the date. |
| 2a. | Signature Field |
| 2b. Date | Enter the effective date. |