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| CCC-315 (proposal 2) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation DAIRY ASSISTANCE PROGRAM FOR PUERTO RICO (DAP-PR) IN RESPONSE TO 2017 HURRICANES APPLICATION AND VOUCHER <i>(See Page 2 for Privacy Act and Paperwork Reduction Act Statements)</i> | 1. Disaster Area <p style="text-align: center;">Puerto Rico</p> | 2. Fiscal Year <p style="text-align: center;">2018</p> |
| | 3. County | 4. License Number |

APPLICATION

PART A – DAIRY OPERATION INFORMATION

| | |
|--|---|
| 5A. Dairy Operation Name and Address <i>(Including Zip Code)</i> | 5B. Dairy Operation Contact Name |
| 5C. Email Address | 5D. Telephone Number <i>(Including Area Code)</i> |

PART B – DAIRY HERD INFORMATION

| 6A. Livestock Description | 6B. Inventory as 8/2/17 Reported to CCC by the Puerto Rico Department of Agriculture | 6C. Adjustments <i>(Sales, Deaths)</i> | 6D. Current Inventory | 6E. Feed Needs Per Head for 30 days | 6F. Value of Voucher <i>(6D times 6E)</i> |
|-----------------------------------|---|--|--------------------------|---|---|
| Adult Cows – Milk | | | X | \$101 | = |
| Adult Cows – Dry | | | X | \$101 | = |
| Adult Bulls | | | X | \$101 | = |
| Heifers > 2 Years of Age | | | X | \$101 | = |
| Heifers < 2 Years of Age | | | X | \$34 | = |
| Young Bulls/Calves | | | X | \$34 | = |
| 6G. Total Value of Voucher | | | | | |

PART C – DAIRY OPERATION CERTIFICATION

I certify that: (1) my dairy operation as reflected in Part B was viably in existence and impacted by 2017 hurricane (2) to the best of my knowledge the information on this form, whether personally entered by me or not, is true and accurate; (3) the information provided may be audited and false statements may be subject to civil or criminal remedies; (4) I acknowledge that the value of the voucher will be reported to IRS Form 1099; (5) And I have not received benefits under the Livestock Indemnity Program for livestock in current inventory as provided in Part B, (6) and I will assign the value of the voucher actually used by me to acquire eligible feed to the eligible vendor(s) provided in this form.

| | | |
|-------------------------------|--|-----------------------|
| 7A. Dairy Operation Signature | 7B. Title/Relationship of Individual Signing in the Representative Capacity | 7C. Date (MM-DD-YYYY) |
|-------------------------------|--|-----------------------|

PART D – CCC APPROVAL OF APPLICATION AND TOTAL VOUCHER AMOUNT (FOR CCC USE ONLY)

| | | | |
|--------------------------------|-------------------------------------|---------------------------------|-----------------------|
| 8A. Name of CCC Representative | 8B. Signature of CCC Representative | 8C. Title of CCC Representative | 8D. Date (MM-DD-YYYY) |
|--------------------------------|-------------------------------------|---------------------------------|-----------------------|

VOUCHER

PART E – PURCHASES

| | |
|--------------------------|--------------------|
| 9A. Dairy Operation Name | 9B. License Number |
|--------------------------|--------------------|

VENDOR CERTIFICATION:

By signing in Item 13, I certify that (1) CCC has approved my company as an eligible feed vendor for the purpose of this program; (2) my company will use this voucher to sell feed to the dairy operation as shown in Part A (not to exceed the amount of the value indicated in Item 16; (3) I will provide to CCC and to the dairy operation a receipt indicating the feedstuff and value of the feedstuff each time this voucher is used as reflected in Part E; (4) by signing Part E, I verify the value of feed each time the dairy operation used this voucher; and (5) to the best of my knowledge the information provided on this form, whether or not personally entered by me, is true and accurate.

DAIRY OPERATION CERTIFICATION:

By signing in Item 14 I certify that I have used this voucher to purchase eligible feed from the vendor shown and for the amount entered in Item 16.

APPROVED FEED VENDORS:

- **ADM Alliance Nutrition of Puerto Rico LLC, Hatillo, PR**
- **Pan American Grain, Guaynabo, PR**
- **Federacion de Asociaciones Pecuarias de PR, Inc., Mayaguez, PR**

10. Opening Value of Voucher (from Item 6G) \$

| 11. Date | 12. Vendor Name | 13. Vendor Signature (Title/Authorized Representative) | 14. Dairy Operation Signature (Title/Authorized Representative) | 15. Receipt No. (Attached) | 16. Amount of Voucher Used | 17. Balance | 18. CCC Approval (Signature and Title) |
|----------|-----------------|--|---|----------------------------|----------------------------|-------------|--|
| | | | | | \$ | \$ | |
| | | | | | \$ | \$ | |
| | | | | | \$ | \$ | |
| | | | | | \$ | \$ | |

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 761, 7 CFR Part 1436, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to **determine eligibility for the Dairy Assistance Program for Puerto Rico**. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a **determination of ineligibility for the Dairy Assistance Program for Puerto Rico**.

According to the Paperwork Reduction to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0XXX. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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