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**OMB Approved**  
0579-0065, 0192,  
and XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

**Appraisal and Indemnity Request for Affected Premises  
Using Contract Growers**

PREMISES ID WHERE ANIMALS/ANIMAL PRODUCTS ARE LOCATED:

DISEASE:

PRESUMPTIVE POSITIVE DATE:

ADDRESS WHERE ANIMALS/ANIMAL PRODUCTS ARE LOCATED:

**CONTRACT GROWER INFORMATION**

NAME:

PHONE NUMBER:

EMAIL ADDRESS:

ADDRESS:

**OWNER INFORMATION**

NAME:

PHONE NUMBER:

EMAIL ADDRESS:

ADDRESS:

The State Official or Tribal Official and APHIS Official have determined that animals/animal products on this premises are affected with a disease. Animals on this premises will be depopulated by State and/or APHIS and/or industry personnel; the State-Federal-Industry goal is to complete depopulation within 24 hours of detection. Indemnity for destroyed animals/animal products affected by disease will be based on their fair market value, as determined by the current USDA APHIS indemnity calculators.

In cases where the destroyed animals and/or animal products were produced by a Contract Grower, the appraised value of the animals and animal products will be split between the Owner and Contract Grower based on the terms of the contract currently in place for the growing or care of the affected animals and animal products.

In the event that determination of indemnity as described above is deemed to be impractical or inappropriate, APHIS may use any other method for split payments that the Administrator deems appropriate.

If Federal indemnity is approved for the destroyed animals and animal products, the Animal Owner will receive the difference between the total indemnity shown on the VS Form 1-23, Appraisal and Indemnity Claim, and the total indemnity paid to the Contract Grower.

I understand that I have the right to dispute the proposed split Federal indemnity payment by notifying the APHIS Administrator, in writing; the APHIS Administrator has the final authority for determining Federal indemnity payments.

Initial 1-5 and sign below:

- \_\_\_ 1. At the time of the outbreak, I had in place and was following a biosecurity plan to prevent the introduction of Avian Influenza, if applicable
- \_\_\_ 2. I understand that the animals/animal products on the premises must be promptly depopulated in the most humane manner possible.
- \_\_\_ 3. I will provide records that verify the current inventory of animals/animal products on the premises that must be destroyed.
- \_\_\_ 4. I agree to accept the fair market value of the animals/animal products, as determined by the APHIS calculator, according to the inventory on the premises at the time this document is signed.
- \_\_\_ 5. I agree to provide APHIS with a copy of the current contract executed between the parties as well as any supporting documentation deemed necessary by APHIS to determine the appropriate division of the indemnity payment. This includes any checks or statements indicating partial payments or advances already paid in association with the destroyed animals/animal products.
- \_\_\_ 6. I understand that I must obtain a Dun and Bradstreet Data Universal Numbering System (DUNS) number and register in the Federal System for Award Management (SAM) database to receive an indemnity payment from USDA APHIS.

Owner Signature:	Printed Name of Owner:
Owner Title:	Date:
Contract Grower Signature:	Printed Name of Contract Grower:
Contract Grower Title:	Date:

For Internal Use Only

Congressional District:

Additional Remarks: