|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | | | | Form Approved - OMB No. 0560-XXX  Expiration Date: xx/xx/xx | | | | | | | | | | | | |
| **CCC-917**  (proposal 5) | | |  | | **U.S. DEPARTMENT OF AGRICULTURE**  Commodity Credit Corporation | | | | | | | | | | | | | | | 1. Program Year  **2022** | | | 2. Application No. | | |
|  | | | **COTTON AND WOOL APPAREL PROGRAM (CAWA) APPLICATION** | | | | | | | | | | | | | | | | |
| **NOTE:** | | *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended).  The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (U.S.C. 714). The information will be used to determine the applicant’s ability to participate in and receive benefits under the Cotton and Wool Apparel Program.  The information collected on this form may be disclosed to other Federal, State, and 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).  Providing the requested information is voluntary.  However, failure to furnish the requested information will result in a determination that the applicant is unable to participate in and receive benefits under the Cotton and Wool Apparel Program.*    ***Public Burden Statement (Paperwork Reduction Act):*** *According 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-XXXX****. The time required to complete this information collection is estimated to average 60 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. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.* ***RETURN THIS COMPLETED FORM TO CAWA@usda.gov.*** | | | | | | | | | | | | | | | | | | | | | | | |
| **PART A – APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Applicant’s Name | | | | | | | 4. Address *(City and State, Include Zip Code)* | | | | | | | 5. Phone Number  *(Include Area Code)* | | | | | 6. SAM UEI | | | | | | |
| 7. Contact Name | | | | | | | 8. Address *(City and State, Include Zip Code)* | | | | | | | 9. Phone Number  *(Include Area Code)* | | | | | 10. Email Address | | | | | | |
| **PART B – GROSS SALES AND CONSUMPTION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11.  Business Type | | | | 12.  Pandemic impact on gross sales or consumption (%) | | 13.  Identify Year  2017, 2018, or  2019 | | | 14.  Gross sales  *(in dollars)* from year in  Column 13 | | | 15.  Consumption  *(in pounds)* from year in Column 13 | | 16.  Agency adjusted  2017/2018/2019 gross sales  ***(For CCC use only)*** | | | | | | | 17.  Agency adjusted  2017/2018/2019 consumption  ***(For CCC use only)*** | | | | |
| Apparel Manufacturer | | | |  | |  | | |  | | |  | |  | | | | | | |  | | | | |
| Pima Cotton Spinner | | | |  | |  | | |  | | |  | |  | | | | | | |  | | | | |
| Wool Fabric Manufacturer and/or Spinner | | | |  | |  | | |  | | |  | |  | | | | | | |  | | | | |
|  |  | | | | | | |  | |  |  | |  | | |  | |  | | | |  | |  |  |
| **For payment consideration, please email completed and signed applications to CAWA@usda.gov** | | | | | | | | | | | | | | |  | | Date Stamp | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CCC-917** (proposal 5) Page 2 of 2 | | | | | |
| **PART C – APPLICANT CERTIFICATION STATEMENT** | | | | | |
| *The Department of Agriculture (USDA) will make payments under CAWA to applicants who meet the requirements of the program. The following information is needed in order for USDA to make a determination that the applicant is eligible to receive a CAWA payment. By submitting this application, and upon its approval by USDA, the applicant agrees:* | | | | | |
| 1. | To comply with, and acknowledges the applicant is subject to, all provisions of the Cotton and Wool Apparel Program as published in the Notice of Funds Availability published in the Federal Register, and all applicable rules and regulations. | | | | |
| 2. | That the applicant meets the definition of an apparel manufacturer, Pima cotton spinner, wool fabric manufacturer, and/or wool spinner. | | | | |
| 3. | That the applicant had a 15 percent or greater difference when comparing calendar year 2017, 2018, or 2019 to calendar 2020, for:   * Apparel manufacturers, gross sales for worsted wool suits, sport coats, and/or pants, and/or cotton dress shirts for apparel manufacturers * Pima cotton spinners, either: * Gross sales of U.S. ring spun Pima cotton yarns exceeding 120 metric number, or * Consumption in pounds of Pima cotton for U.S. ring spun Pima cotton yarns exceeding 120 metric number * Wool fabric manufacturers and/or spinner, either: * Gross sales of yarn spun in the United States of a type used for worsted woven wool fabric and/or worsted wool fabric woven in the United States, or * Consumption by U.S. operations of wool top spun into worsted yarn and/or wool yarn of a type used for worsted woven wool fabric, figured into wool top. | | | | |
| 4. | That the applicant has filed an affidavit for either the Food and Agriculture Service Pima Cotton Trust Fund or Wool Trust Fund in any year from 2017 to 2021. | | | | |
| 5. | That the applicant is currently in operation or has plans to restart domestic operations, within a reasonable timeframe as determined by the Deputy Administrator, as an apparel manufacturer, Pima cotton spinner, wool manufacturer, or wool spinner at the time of application | | | | |
| 6. | To provide to USDA all information necessary to verify that the information provided on this form is accurate, allow USDA representatives access to all documents and records of the applicant, and submit all required documents within 30 days from the date the applicant signs this application. Failure of an individual, entity, or member of an entity to timely submit all information required may result in no payment or a reduced payment. | | | | |
| ***I certify that:*** | | | | | |
| 1. | | The above information provided on this application is true and correct. | | | |
| 2. | | I understand that failure to provide true and correct information may result in the invalidation of this application, a determination of noncompliance or ineligibility, or other remedies or sanctions. By signing this form, I further acknowledge and understand that any false representation or claims are subject to civil and criminal penalties including, but not limited to, those under 18 U.S.C. 1001. | | | |
| 18A. Applicant’s Signature *(By)* | | | 18B. Title/Relationship of the Individual Signing in the Representative Capacity | | 18C. Date *(MM-DD-YYYY)* |
| **PART D - DEPUTY ADMINISTRATOR FOR FARM PROGRAMS (DAFP) DETERMINATION** | | | | | |
| 19A. DAFP or Designee Signature | | | 19B. Title of Designee, if applicable | 19C. Date *(MM-DD-YYYY)* | 19D. Determination:  APPROVED  DISAPPROVED |
| *In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*  *Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, 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.*  *To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at* [*http://www.ascr.usda.gov/complaint\_filing\_cust.html*](http://www.ascr.usda.gov/complaint_filing_cust.html) *and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email:* [*program.intake@usda.gov*](mailto:program.intake@usda.gov)*. USDA is an equal opportunity provider, employer, and lender.* | | | | | |