# Instructions For CCC-917

# *COTTON AND WOOL APPAREL PROGRAM (CAWA) APPLICATION*

### Applicants use this form to apply for CAWA payments.

In addition to CCC-917, you must also submit the following to complete your application:

* Signature authority, if an entity

Submit the original of the completed application and additional documentation electronically by email to [CAWA@usda.gov](mailto:CAWA@usda.gov)

***Applicants must complete Items 2 through 18.***

#### Item 19 is for CCC use only.

#### Items 2-18

| Field Name / Item No. | Instruction |
| --- | --- |
| 2  Application No. | This will be automatically populated, leave blank. |
| 3  Applicant Name | Enter the applicant’s name.  **Note:** The applicant’s name in Item 3 **must** match the entity listed on the signature authority documentation, if applicable. |
| 4  Applicant’s Address | Enter the applicant’s address (including ZIP code). |
| 5  Applicant’s Phone Number *(include Area Code)* | Enter the Applicant’s Phone Number (include Area Code). |
| 6  UEI | Enter the applicant’s UEI (Unique Entity ID).  **Note:** If the applicant does not have a UEI they must obtain one from <https://SAM.gov> . Follow the instructions on the website to request a UEI. If the applicant only has a DUNS, please go to <https://SAM.gov> to find your UEI which will have been already assigned to you. |

| **Field Name / Item No.** | **Instruction** |
| --- | --- |
| 7  Contact Name | Enter the contact’s name. This is the individual who FSA may contact regarding the application. |
| 8  Contact’s Address | Enter the contact’s address (including ZIP code). |
| 9  Contact’s Phone Number *(include Area Code)* | Enter the Contact’s Phone number *(include Area Code)*. |
| 10  Email Address | Enter the contact’s email address. |
| 11  Business Type | Shows the eligible business types for CAWA. Applicants should fill out the appropriate corresponding rows for their specific business type(s).   * Apparel Manufacturer * Pima Cotton Spinner * Wool Fabric Manufacturer and/or Spinner |
| 12  Pandemic impact on gross sales or consumption (%) | Enter the percent reduction in calendar year 2020 when compared to 2017, 2018, or 2019.  Notes:   * Apparel manufacturers must use gross sales as a comparison to figure percent decrease. * Pima Cotton Spinners and Wool Fabric Manufacturers and/or spinners may use gross sales or consumption as a comparison to figure percent decrease. |
| 13  Identify Year  2017, 2018, 2019 | Enter the year in which the gross sales or consumption being entered in the following columns occurred. |
| 14  Gross sales (in dollars) from year in column 13 | Enter the gross sales (in dollars), for eligible products only, for the year entered in Item 13.  Notes:   * This item must be completed by Apparel Manufacturers to receive a payment. * Pima Cotton Spinners and Wool Fabric Manufacturers and/or Spinners are not eligible to enter gross sales. |
| 15  Consumption (in pounds) from year in column 13 | Enter the consumption (in pounds), for eligible products only, for the year entered in Item 13.  Notes:   * Apparel Manufacturers are not eligible to enter consumption. * This item must be completed by Pima Cotton Spinners and Wool Fabric Manufacturers and/or Spinners to receive a payment. |
| 16  Agency adjusted 2017/2018/2019 gross sales | For CCC use only, leave blank. CCC may enter the adjusted 2017, 2018, or 2019 adjusted gross sales, if applicable.  **Note:** An entry is only required when CCC determines 2017, 2018, or 2019 gross sales are different than what is certified to by the applicant in Item 14. |
| 17  Agency adjusted 2017/2018/2019 consumption | For CCC use only, leave blank. CCC may enter the adjusted 2017, 2018, or 2019 adjusted consumption, if applicable.  **Note:** An entry is only required when CCC determines 2017, 2018, or 2019 consumption is different than what is certified to by the applicant in Item 15. |
| 18A  Applicant’s Signature | Applicant signature. Print the form and manually enter your signature. |
| 18B  Title/ Relationship of the Individual Signing in the Representative Capacity | If you are signing on behalf of an entity enter your representative title/relationship to the entity.  **Note:** If you are **not** signing in the representative capacity, this field should be left blank. |
| 18C  Date | Enter the date the form is signed. *(MM-DD-YYYY)* |

#### Part D is for CCC use only.