

**REQUIRED FOR APPLICATION A APPROVAL**  
Cattle Genetics, Livestock Equipment, Hay Storage, Livestock Feed Storage, Grain Storage

**SUBSTITUTE W-9 FORM**  
**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

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**1. Please complete general information:**

Taxpayer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

*Reimbursement check will be mailed to this address.*

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**2. Circle the most appropriate category below: (please circle only one)**

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Custodian account of a minor
- 4) a. Revocable savings trust (grantor is also trustee)  
b. So-called trust account that is not a legal or valid trust under state law
- 5) Sole proprietorship (using a social security number for the taxpayer ID)
- 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
- 7) A valid trust, estate, or pension trust
- 8) Corporation
- 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
- 10) Partnership
- 11) A broker or registered nominee
- 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
- 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

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**3. Fill in your taxpayer identification number below: (please complete only one)**

**1) If you circled number 1-5 above, fill in your Social Security Number.**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).**

\_\_\_\_\_ - \_\_\_\_\_

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**4. Sign and date the form:**

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title (if applicable) \_\_\_\_\_



**2011 TAEP COST SHARE – APPLICATION A**

Office Use Only – Date Received:

**1. APPLICANT INFORMATION**

<b>Taxpayer ID Information</b> List only one number		<b>Social Security Number (XXX-XX-XXXX)</b>		<b>Federal Tax ID# (XX-XXXXXXX)</b>	
<b>Last Name</b>		<b>First Name</b>		<b>M.I.</b>	<b>Title</b> <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> JR <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/> SR
<b>Address Info</b>		<b>Street</b>	<b>City</b>	<b>ST</b>	<b>Zip Code</b>
Mailing				TN	
Residential				TN	
<b>Home Phone</b>		<b>Cell Phone</b>		<b>E-mail</b>	

**2. FARM/PREMISES INFORMATION**

- TDA Premises Registration is required if applicant has livestock on their operation. Applicant name must match contact name (primary or alternate) listed on premises account to be eligible.
- List the premises information, property ownership and farm address of your project.
- If you do not have livestock on your operation, write n/a in the premises boxes, list farm address and indicate property ownership.

<b>Premise Account #</b>	<b>Premise ID #</b>	<b>Property Ownership</b> <input type="checkbox"/> I own <input type="checkbox"/> I lease			
<b>Farm Address of TAEP Project</b>					
<b>Street</b>		<b>City</b>	<b>ST</b>	<b>Zip Code</b>	<b>County</b>
			TN		

*Farm address must match address registered for Premises ID # listed above.*

**3. APPLICANT CERTIFICATIONS/PERMITS**

- Certification/permits must be completed by the applicant. No substitutions, such as farm managers or relatives, are allowed.

BEEF CATTLE PRODUCERS			
<b>Tennessee Beef Quality Assurance (BQA) – Required to apply</b> Renewed every two years. Must be current at time of application.	<b>Certification #:</b>	<b>Expiration Date:</b>	
<b>UT Master Beef Producer (MBP) – Required only for 50%</b> Course must be completed prior to reimbursement deadline.	<b>Year Completed:</b>	<b>Where/County:</b>	
	<b>Plan to attend?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

DAIRY CATTLE PRODUCERS			
<b>Tennessee Beef Quality Assurance (BQA) – Required to apply</b> Renewed every two years. Must be current at time of application.	<b>Certification #:</b>	<b>Expiration Date:</b>	
<b>TDA Dairy Permit # - Required to apply</b> Dairies must be permitted by TDA to be eligible as a dairy under TAEP.	<b>Permit #</b>		
	<b>Year Completed:</b>	<b>Where/County:</b>	
	<b>Plan to attend?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

GOAT PRODUCERS			
<b>UT Master Meat Goat Producer (MMGP) – Required only for 50%</b> Course must be completed prior to reimbursement deadline.	<b>Year Completed:</b>	<b>Where/County:</b>	
	<b>Plan to attend?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

SWINE PRODUCERS			
<b>Pork Quality Assurance Plus (PQA) – Required to apply</b> Renewed every three years. Must be current at time of application.	<b>Certification #:</b>	<b>Expiration Date:</b>	

Application A general instructions are available online at [www.tn.gov/agriculture/enhancement](http://www.tn.gov/agriculture/enhancement) or from your local extension office.

#### 4. LIVESTOCK AND ACREAGE INFORMATION

- Check type of livestock/acreage on your operation. List number of head/acreage.
- Head of livestock refers to the actual number of a single type regardless of sex or age, at date of application.
- Goats/Sheep can be combined to meet minimum number requirement.

Livestock Type	# of Head	Livestock Type	# of Head	Acreage Type	# of Acres
<input type="checkbox"/> Cattle - Beef		<input type="checkbox"/> Poultry - Broilers		<input type="checkbox"/> Hay	<i>List total # of acres in row crop production:</i>
<input type="checkbox"/> Cattle - Dairy - Milk producer		<input type="checkbox"/> Poultry - Layers		<input type="checkbox"/> Corn	
<input type="checkbox"/> Cattle - Dairy - Heifer replacement		<input type="checkbox"/> Sheep - Meat		<input type="checkbox"/> Soybeans	
<input type="checkbox"/> Goats - Meat		<input type="checkbox"/> Sheep - Dairy		<input type="checkbox"/> Wheat	
<input type="checkbox"/> Goats - Dairy		<input type="checkbox"/> Swine		<input type="checkbox"/> Other	

#### 5. COST SHARE REQUEST SUMMARY

- Indicate your cost share request per program.

Program	Cost Share Request Summary √ Check box to indicate your request per program		Office Use Only
<b>Cattle Genetics</b> \$1,200 Max.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> A <input type="checkbox"/> D
<b>Livestock Equipment</b> \$3,500 Max.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> A <input type="checkbox"/> D
<b>Hay Storage</b> \$7,500 Max.	<input type="checkbox"/> No	<input type="checkbox"/> Yes – additional materials required: • Project budget cost quotes required • Budget will determine exact allocation amount	<input type="checkbox"/> A = <input type="checkbox"/> D
<b>Livestock Feed Storage</b> \$10,000 Max.	<input type="checkbox"/> No	<input type="checkbox"/> Yes – additional materials required: • Project budget cost quotes required • Budget will determine exact allocation amount • Commodity sheds also require a diagram	<input type="checkbox"/> A = <input type="checkbox"/> D
<b>Grain Storage</b> \$15,000 Max.	<input type="checkbox"/> No	<input type="checkbox"/> Yes – additional materials required: • Project budget cost quotes required • Budget will determine exact allocation amount	<input type="checkbox"/> A = <input type="checkbox"/> D

#### 6. APPLICANT AGREEMENT

- I certify that I am a resident of Tennessee and that I am at least 18 years old on application date.
- I have reviewed and understand all of the guidelines listed in this application booklet.
- I certify that all the information on this application is complete, true and factual to the best of my knowledge and belief.
- I understand that providing any false, fraudulent or misleading information may result in penalties and/or make this farm/tract ineligible to participate in present and/or future Tennessee Department of Agriculture programs.
- I understand that the minimum cost share reimbursement request per program is \$250.
- I also understand that failure to utilize allocated funds can affect eligibility for future programs.

Print Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

#### 7. HOW TO SUBMIT "APPLICATION A"

- Review each section of application for completeness.
- Fill in all blanks and check appropriate boxes where requested.
- Attach Substitute W-9 form (page 14).
- Attach cost quotes, project budget worksheet, and diagrams where required.
- NO FAXES OR EMAILS ACCEPTED - Applications are only accepted by mail or hand delivery.

**Mail to:**  
**TN Dept. of Agriculture**  
**Attn: TAEP FY2011-A**  
**P.O. 40627**  
**Nashville, TN 37204**

**Applications must be postmarked June 1 – 7, 2011 or hand delivered during the same period.**

**Applicant will be notified in writing of approval or denial of application. Allow 10 weeks for processing.**