

REQUIRED FOR APPLICATION B APPROVAL
Producer Diversification

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

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.

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)

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).

_____ - _____

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 B

Office Use Only – Date Received: _____

1. APPLICANT INFORMATION

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

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.

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

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

3. INDUSTRY SECTOR Indicate primary sector that applies to your cost share request

- | | | | |
|---------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Agritourism | <input type="checkbox"/> Aquaculture | <input type="checkbox"/> Honey Bees | <input type="checkbox"/> Fruits & Vegetables |
| <input type="checkbox"/> Horticulture | <input type="checkbox"/> Organics | <input type="checkbox"/> Value-added Products | <input type="checkbox"/> Viticulture |

4. PRIORITY AREAS Special requirements for 50% cost share

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

AGRITOURISM		
Must have attended two events, listed below prior to reimbursement deadline. One event MUST be an Agritourism Conference or Direct Marketing Sense Course, sponsored by TDA/UT. Check those attended or planning to attend. A list of eligible events will be posted on the Producer Diversification web page in the Agritourism criteria sheet.		
Agritourism Conference	Direct Marketing Sense Course	Agritourism Workshop or Agritourism Bus Tour
<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2012	<input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012

FRUITS AND VEGETABLES	
Must have attended one of the following workshops listed below prior to reimbursement deadline. Check those attended or planning to attend. A list of eligible events will be posted on the Producer Diversification web page in the Fruits and Vegetables criteria sheet.	
GAP Food Safety Workshops	GAP Mock Audit
<input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012	<input type="checkbox"/> 2010 <input type="checkbox"/> 2011

HONEY BEES		
UT Master Bee Hobbyist (MBH) Course Course must be completed prior to reimbursement deadline.	Year Completed:	Where/County:
	Plan to attend?	<input type="checkbox"/> No <input type="checkbox"/> Yes

ORGANICS	
Must be USDA certified or working towards certification to qualify. Must be certified at time of reimbursement.	
1. List name and phone number of certifying agency below.	
2. Attach copy of certification or letter from certifying agency verifying that you are working towards certification.	
Certifying Agency:	Phone #:

Application B general instructions are available online at www.tn.gov/agriculture/enhancement or from your local extension office.

5. Application Proposal Maximum of 5 pages in length. See page 18 for program guidelines.

1) Briefly describe your agricultural operation.

- a. Industry sector (s)/type of business
- b. Years in business - (1) production agriculture and (2) other business involvement (e.g. agritourism, garden center, etc.)
- c. Number of employees - full, part-time, seasonal
- d. Acreage in production
- e. Sales income from on-farm production agriculture – based on sales for the last 3 years (2008, 2009, 2010)
- f. Sales income from other products, services, and/or events – based on sales for the last 3 years (2008, 2009, 2010)
- g. Types of products produced – currently and previously
- h. Indicate any expansions or downsizing – past, present, future

2) If you have applied for TAEP cost share previously, list each cost share received in the format provided below.

Fiscal Year	Program	Project Description	\$ Allocated/\$ Paid
FY10-11	Producer Diversification	Greenhouse	\$ 5,600 / \$ 5,485

3) Describe your proposed cost share project(s).

- a. List each proposed project (e.g., greenhouse, retail shelter, sprayer, Web site)
- b. List projected increase in annual income generated for the next three years as a result of your project(s)
- c. Explain how each project will improve or expand your operation
- d. Indicate whether you had help in planning this project from a county extension agent, industry expert, specialized group or association. List key individuals and their titles.

4) Outline the steps and time line for completing your project(s) by program deadline of May 1, 2012.

5) Summarize your marketing plan for your diversified agricultural products.

- a. List how and where your products are or will be sold
- b. Specify marketing activities that are currently utilized in your operation (e.g., auctions/organized sales, brochures, e-commerce, print media, radio, signs, television, Web site, etc.)
- c. Competitive advantage: Indicate what sets your product apart from your competitors

6) Provide a detailed, line-item budget for each proposed project using the format presented below.

- a. Research all costs associated with project(s). List each item and its cost on a separate line. Provide the source of the cost quote with a phone number or attach a written cost estimate from the vendor, with complete contact information for the vendor.
- b. Written cost estimates are required if projects are: large scale (e.g., greenhouse, retail shelter, restrooms), include many components (e.g., irrigation system), or involve labor.
- c. LABOR: In order to be eligible for cost share reimbursement, labor must be quoted and performed by a contractor. Labor is NOT eligible for reimbursement if performed by the applicant or their employees.
- d. Priority Cost Share (50%) - applicant must meet special requirements to be eligible.
- e. The total amount of cost share requested cannot exceed the maximum of \$10,000 (35%) or \$15,000 (50%). Minimum cost share reimbursement amount is \$250. Follow sample budget format table below:

Item Description	Source of Cost Quote	Cost	Cost Share %	Request
Greenhouse (16 x 95)	JR Construction – see attached quote	\$7,800.00	35%	\$ 2,730.00
Sign – vinyl banner	FedExKinko's 615-771-7999	\$ 225.00	50%	\$ 112.50
Total Amount of Cost Share Requested:				\$2,842.50

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 B"

- Fill in all blanks and check appropriate boxes where requested.
- Attach application proposal and cost quotes.
- Attach Substitute W-9 form (page 20).
- NO FAXES OR EMAILS ACCEPTED - Applications are only accepted by mail or hand delivery.

Mail to: TN Dept. of Agriculture
 Attn: TAEP FY2011-B
 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.