

## TAEF Livestock Working Facility Cover Program Reimbursement Maximums per square foot

35% Cost Share – Standard Producer	50% Cost Share – Master Producer
Up to \$2.00/sq. ft. (max. reimbursement)	Up to \$3.00/ sq. ft. (max. reimbursement)

**If your project cost is less than \$6/square ft. then you will not reach the max \$2/\$3 per square foot. Total reimbursement shall not exceed maximum approval amount listed on Document A in your reimbursement instructions.**

### Example:

Covering structure = 16 x 30 (480 sq. ft.)  
 Material/Labor Cost = \$3,000

### Payment Calculations

\$3,000 / 480 sq. ft. = \$6.25 / sq. ft.

35% Cost Share – Standard Producer	50% Cost Share – Master Producer
$\$6.25 \times 0.35 = \$2.19$ (\$2.00 max)	$\$6.25 \times 0.50 = \$3.13$ (\$3.00 max)
480 sq. ft. x \$2.00 = \$960	480 sq. ft. x \$3.00 = \$1,440

<b>Reimbursement Amount</b>	
35% Cost Share – Standard Producer	50% Cost Share – Master Producer
<b>\$960</b>	<b>\$1,440</b>

\*\* See next page to calculate payment estimate \*\*

TAEP Livestock Working Facility Cover Program  
**Payment Estimate Worksheet**

$$\text{Covering Size} = \frac{\text{Length}}{\text{Length}} \times \frac{\text{Width}}{\text{Width}} = \frac{\text{Square Feet}}{\text{Square Feet}}$$

$$\text{Total Cost} = \frac{\text{Total of all eligible items, excluding gravel, geotextile, site prep, equipment}}$$

$$\frac{\text{Total Cost}}{\text{Square Feet}} = \text{Cost per Square Foot}$$

**When asked for cost share %:**

Standard Producers use 0.35 (35%)

Master Producers use 0.50 (50%)

$$\frac{\text{Cost per square foot}}{\text{Cost per square foot}} \times \frac{\text{Cost Share \%}}{\text{Cost Share \%}} = \frac{\text{Reimbursement per Square Ft.*}}{\text{Reimbursement per Square Ft.*}}$$

$$\frac{\text{Square Feet}}{\text{Square Feet}} \times \frac{\text{Reimbursement per Square Ft.*}}{\text{Reimbursement per Square Ft.*}} = \frac{\text{Payment Estimate**}}{\text{Payment Estimate**}}$$

(not to exceed \$2 max. or \$3 max.)

**Important – all coverings must meet the minimum of 480 sq./ft.**

**\* Please refer to per square foot maximums, p. 7 of your reimbursement instructions.**

**\*\* Payment Estimate is not to exceed maximum approval amount listed on Document A in your reimbursement instructions. IF calculated correctly – this will show the potential reimbursement to be received.**