



SOUTH CAROLINA FARM AID FUND PRODUCER ASSISTANCE APPLICATION

**ONLY FOR APPLICANTS WITH FARMS IN
PICKENS, CHEROKEE, & OCONEE COUNTIES**

MUST BE SUBMITTED BY SEPTEMBER 6, 2016

Complete, sign, then mail to:

South Carolina Farm Aid Fund • SC Department of Agriculture • PO Box 12213, Columbia, SC 29211
Physical Address: 1200 Senate Street • Wade Hampton Building, 5th Floor • Columbia, SC 29201

**For more information or to be put in contact with a Farm Aid staff member, please call Megan Heidkamp at:
(803) 734-2210 • agriculture.sc.gov**

**Applications must be postmarked by September 6, 2016. Applications must be completed in entirety,
including all required supporting documents, or they will not be considered.**

ELIGIBILITY CHECKLIST

To be eligible for a grant, you must have:

- Experienced a verifiable loss of affected agricultural commodities of at least 40 percent as a result of the catastrophic flooding of October 2015
- A farm located in a USDA flood disaster declared county in South Carolina
- A farm number issued by the Farm Service Agency
- Signed an affidavit, under penalty of perjury, certifying that loss information is accurate
- Signed a Form W-9 or complete vendor registration (<http://procurement.sc.gov/PS/vendor/PS-vendor-registration.phtm>)
Registering as a vendor with the State of South Carolina will enable your grant award to be processed quicker
- The ability to demonstrate an intent to continue your farming operation

USE OF GRANT FUNDS

Grant awards must be used for agricultural production expenses and losses due to the flood which demonstrate an intent to continue the agricultural operation. Awards may not be used to purchase new equipment.

GENERAL INFORMATION

Full Legal Business Name: _____
(Payment will be issued in this name)

Farm I.D. Number(s): _____

SSN or EIN: _____

Applicant's Full Name: _____

Mailing Address: _____
Street Address County

City State Zip Code

Physical Address: _____
Street Address County

City State Zip Code

Phone: _____ Alternate Phone: _____

Email: _____

Vendor Number (If applicant registered as a vendor): _____

CERTIFICATION OF DISASTER LOSSES

ROW CROPS

Instructions:

- Enter the county and acreage of each individual crop planted for fall harvest on separate lines, by type and practice. (Column A - D)
- Enter the Agricultural Risk Coverage (ARC) county yield or your Actual Production History (APH), the higher of the two. (Column F)
- Calculate and enter expected revenue (Column G):
 - » Multiply Columns D-F.
- Enter actual sales of each individual crop. (Column H)
 - » If you cannot distinguish between irrigated and non-irrigated sales, divide revenue to the best of your ability and ensure that total sales can be verified.
- Calculate and enter dollar loss.
 - » Subtract Column H from Column G.
- Enter any crop insurance indemnity payment (if applicable).
- Enter totals from Columns G-I at bottom of chart.
- Attach all sales documents as of July 1, 2016, organized by crop.
- Attach FSA Form 578.

Crop must have been unharvested by October 1, 2015.

If you are reporting an affected row crop, including those that were stored, not listed on the application, use the blank lines within each table and contact SCDA for price and yield information.

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.
COUNTY	CROP	PRACTICE	ACRES	PRICE	NORMAL YIELD	EXPECTED REVENUE	CROP SALES	\$ LOSS	CROP INSURANCE INDEMNITY PAYMENT
			FSA 578		ARC or APH	D * E * F	Producer Records	G - H	Crop Insurance Loss Statement
	Cotton	Irrigated		0.63					
	Cotton	Non Irrigated		0.63					
	Grain Sorghum	Irrigated		3.97					
	Grain Sorghum	Non Irrigated		3.97					
	Peanuts, Runner	Irrigated		0.2123					
	Peanuts, Runner	Non Irrigated		0.2123					
	Peanuts, Virginia	Irrigated		0.2463					
	Peanuts, Virginia	Non Irrigated		0.2463					
	Soybeans	Irrigated		9.67					
	Soybeans	Non Irrigated		9.67					
	ROW CROP TOTALS								

If you have crops in more than one county, please fill out the charts on the following page. Use a separate chart for each county.

Applicant may attach row crops sheet from website in place of above table.

CERTIFICATION OF DISASTER LOSSES

FRUITS AND VEGETABLES

Instructions:

- Enter the acreage of each individual fruit or vegetable crop planted for fall harvest on separate lines. (Column E)
If acres were not certified by FSA, you must also:
 - » Enter total amount of seed/plants purchased for each individual crop planted for fall harvest. Attach copies of invoices to application. (Column F)
 - » Provide back-up documentation (i.e. receipts) of fertilizer, chemical, plastic, or other inputs purchased for use in fall crops OR a signature of an industry witness, verifying that the crop was in fact planted for fall harvest. This may be a Clemson or SC State Extension Agent, Crop consultant, FSA representative or other qualified witness.

- Enter total harvest amount of each individual crop in volume or weight as normally sold. Provide documentation of total harvest. (Column H)
- Calculate and enter Expected Revenue. (Column I)
 - » Multiply Columns C-E.
 - » If you prefer to use a contract price on processed crops, you must complete the Fruit & Vegetable table manually and submit copies of your contracts to verify price.
- Enter actual sales of each individual crop. (Column J)
- Calculate and enter Dollar Loss. (Column K)
 - » Subtract Column J from Column I.
- Enter totals from Columns I-J at bottom of chart.
- Attach FSA Form 578 OR certification of seed/transplant and other input purchases.
- Attach all sales documents as of July 1, 2016, organized by crop. If an actual sales receipt is unavailable, a statement will be provided for use by the producer to reflect harvest and sales data requiring his signature that any harvest and income is reflected for each individual crop. Information will be required for each individual crop that was planted for use in determining overall % loss per crop.

Crop must have been unharvested by October 1, 2015.

If you are reporting an affected fruit or vegetable not listed on the application, including Certified USDA Organic, use the blank lines within the table and contact SCDA for price and yield information.

Applicant may attach fruits and vegetables sheet from website in place of table on the following page.

CERTIFICATION OF DISASTER LOSSES

OTHER COMMODITY

Instructions:

- State each commodity that experienced a 40% loss on an individual line.
- State the quantity produced.
- State the unit of measurement (i.e. acres, bushels, etc).

If you believe you experienced a 40% loss on a commodity other than row crops and fruits and vegetables, submit a completed application, and a representative from the Department of Agriculture will contact you to assist in verifying loss.

COMMODITY	QUANTITY	MEASUREMENT

SUMMARY

	TOTAL ACRES	TOTAL EXPECTED REVENUE	TOTAL CROP SALES	TOTAL AMOUNT LOST	TOTAL CROP INSURANCE INDEMNITY	TOTAL PERCENT LOST	ELIGIBLE?	TOTAL ESTIMATED FARM AID
Row Crops								
Fruit and Vegetables								
Other								
TOTAL								

Applicant may attach summary sheet from website in place of above table.

APPLICATION CHECKLIST

- Completed and signed application
- Signed and notarized affidavit
- Documents showing income (organized and labeled by crop) as of July 1, 2016
- Completed and signed W-9 or complete vendor registration (<http://procurement.sc.gov/PS/vendor/PS-vendor-registration.phtml>)
Registering as a vendor with the State of South Carolina will enable your grant award to be processed quicker
- Completed FSA Form(s) 578 (if applicable)
- Seed and input documentation (if acres were not certified)
- All applicable crop insurance forms (i.e. notice of loss, claim summary)

Applicant Signature

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

AFFIDAVIT

PERSONALLY appeared before me, the undersigned notary public, _____, who, first being duly sworn, deposes and states under penalty of perjury as follows:

1. My name is _____ and my physical address is _____ located in _____ County, South Carolina. I work for and/or am an owner of, and make this affidavit on behalf of _____ (farm or business name) (the "Farm"). I am making this Affidavit to certify that each fact of the loss presented is accurate for purposes of applying for a grant under the South Carolina Farm Aid Fund.
2. I am over the age of 18 and competent to make this affidavit. I am authorized by the Farm to make this affidavit and do so on my own behalf and on behalf of the Farm. Any references herein to "I" shall include, if applicable, the Farm.
3. All documentation, records, and information provided by the Farm and/ or I for purposes of applying for this grant are accurate. The Employer Identification Number(s) (EIN) or Social Security Number associated with this application is/are: _____.
4. I and/or the Farm suffered a verifiable loss of wheat, cotton, flax, corn, dry beans, oats, barley, rye, tobacco, rice, peanuts, soybeans, sugar beets, sugar cane, tomatoes, grain sorghum, sunflowers, raisins, oranges, sweet corn, dry peas, freezing and canning peas, forage, apples, grapes, potatoes, timber and forests, nursery crops, citrus, and other fruits and vegetables, nuts, tame hay, native grass, aquacultural species including, but not limited to, any species of finfish, mollusk, crustacean, or other aquatic invertebrate, amphibian, reptile, or aquatic plant propagated or reared in a controlled or selected environment, excluding stored grain. (hereafter collectively, "Agricultural Commodities") of at least forty percent (40%) as a result of the catastrophic flooding of October 2015 (the "Flooding").
5. The Farm and I acknowledge and agree that I/we may not receive a grant which if combined with losses covered by any applicable insurance would exceed one hundred percent (100%) of the actual loss suffered as a result of the Flooding.
6. I, and the Farm, acknowledge and agree that I/we and any related person may not receive any grant aggregating more than one hundred thousand (\$100,000.00) dollars and understand the grant amount may be adjusted accordingly.
7. I understand that the South Carolina Department of Agriculture, or its representatives (including employees of other State of South Carolina agencies), agents, employees, and independent contractors (collectively, the "Department") are required to verify certain records including but not limited to commercial receipts, settlement sheets, warehouse ledger sheets, pick records, load summaries, contemporaneous measurements, truck scale tickets, contemporaneous diaries, appraisals, ledgers of income, income statements of deposit slips, cash register tape, invoices for custom harvesting, u pick records, and insurance documents (collectively, "Records") from the Farm, and any customers, vendees, purchasers or similar entities with which the Farm does business (collectively, "Customers"). I am authorized by the Farm and hereby grant the Department the right to inspect the Records and authorize Customers to release the Records to the Department.
8. I intend to continue farming and any grant awards received in connection with the South Carolina Farm Aid Fund will be used for agricultural production expenses and losses due to the Flooding, in continuation of the agricultural operation. Any grant awards will not be used to purchase new equipment. I will keep documentation of use of grant funds for at least three (3) years from the date of award, and use of funds may be audited.
9. I understand that the information contained herein, and in the accompanying the application (and any documentation provided in connection with the application) for a grant under the South Carolina Farm Aid Fund may be subject to disclosure under the provisions of the South Carolina Freedom of Information Act, S.C. Code Ann. § 30-4-10 et. seq.

10. If any of the information provided in this affidavit or provided for purposes of applying for a grant under the South Carolina Farm Aid Fund is found to be inaccurate, I understand that I (or the Farm) must, and agree to, refund the entire amount of the grant. I understand that if I do not refund the appropriate amount, the South Carolina Department of Revenue is authorized to utilize the provisions of the Setoff Debt Collection Act, S.C. Code Ann. § 12-56-10 et. seq., to collect any refunds owed by me.

11. If I or the Farm use any amount of the grant award provided under the South Carolina Farm Aid Fund for an ineligible expense, I must refund the amount of the ineligible expense.

12. If I, or the Farm, do not refund the appropriate amount if I, or the Farm, am/is found to be in violation of the South Carolina Farm Aid Fund provisions, the Department of Revenue shall utilize the provisions of the Setoff Debt Collection Act to collect the money from me, or the Farm.

I understand and acknowledge that if it is found that I knowingly provided false information to obtain a grant under the South Carolina Farm Aid Fund or knowingly used funds for ineligible expenses, I will be subject to prosecution under S.C. Code Ann § 16-13-240 which can carry a sentence of up to ten (10) years in prison.

FURTHER AFFIANT SAYETH NOT.

Signature of Affiant

SWORN to before me this _____ day of _____, 201__.

Signature of Notary

Printed Notary Name: _____

Notary Public for the State of _____

My Commission Expires: _____