



North Carolina Department of Agriculture and Consumer Services
Steve Troxler, Commissioner

2009 PGAP APPLICATION FOR FUNDING

BACKGROUND & PURPOSE: On September 15, 2010, the United States Department of Agriculture (USDA) announced the availability of \$60 million for a Poultry Loss Contract Grant Assistance Program (PGAP). PGAP will provide assistance to poultry growers whose poultry growing arrangement with a live poultry dealer that filed proceedings under chapter 11 of title 11, United States Code, in United States Bankruptcy Court during the 30-day period beginning on December 1, 2008, was terminated. The North Carolina Department of Agriculture and Consumer Services will be provided a block grant, from the USDA – Farm Service Agency, to provide assistance to eligible poultry growers.

1. Complete the general information below.

| General Information | | |
|--|--------|---------------------------|
| Name of Applicant: | | |
| Mailing Address: | | |
| City: | State: | Zip: |
| Phone: | Fax: | Congressional District #: |
| Email: | | County: |
| Farm Name: (Complete separate applications for each farm location) | | |
| Physical Address: | | |
| City: | State: | Zip: |
| Phone: | Fax: | Congressional District #: |
| Email: | | County: |
| Social Security or Tax ID #: | | |

2. During the 2009 calendar you:

| Yes | No | Please Check Appropriate Column |
|---|----|---|
| | | Had a poultry growing arrangement with a live poultry dealer that filed proceedings under chapter 11 of title 11, United States Code, in United States Bankruptcy Court during the 30-day period beginning on December 1, 2008. |
| | | Suffered a financial loss, as a result of a bankrupt live poultry dealer terminating its poultry growing arrangement with you between May 1, 2008, and July 1, 2010. |
| | | Did not enter into a poultry growing arrangement with any live poultry dealer for one (1) month following the termination of your poultry growing arrangement with a bankrupt live poultry dealer. |
| | | Were in compliance with the highly erodible land and wetland provisions of 7 CFR Part 12. |
| | | Did not have an average adjusted gross non-farm income, as defined in 7 CFR Part 1400 with respect to 2009 USDA programs, that exceeded \$500,000 for calendar years 2005-2007. |
| NOTE: State and Federal-owned poultry farming operations are not considered an eligible poultry grower. | | |

3. Check "YES" or "NO" for each A, B, and C if Form AD-1026 - "Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certifications, and Form CCC-926 - "Adjusted Gross Income (AGI) Statement", and CCC-901 - "Member's Information - 2009 and Subsequent Years"- are on file with your local county Farm Service Agency. Note: CCC-901 is applicable to entities only.

| AD-1026 on File (A) | | CCC-901 on File (B) | | CCC-926 is on File (C) | |
|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. To be deemed eligible to participate in the PGAP, the documents listed below must be attached to this completed application.

| Yes | No | Please Check Appropriate Column |
|-----|----|--|
| | | Copies of Settlement Sheets documenting production/receipts from the bankrupt live poultry dealer for the most recent 12 months prior to the conclusion of my poultry growing arrangement that was terminated between May 1, 2008, and July 1, 2010. |
| | | A copy of the most recent poultry growing arrangement with the applicable bankrupt live poultry dealer before termination. |
| | | A dated copy of the termination letter from the bankrupt live poultry dealer, if available, before termination. |
| | | A copy of any poultry growing arrangement entered into after your poultry growing arrangement with a bankrupt live poultry dealer was terminated. |
| | | Signed and dated copy of the Certifications and Assurances Document - (Exhibit 3) |

5. If you operated a poultry growing operation, and are applying as an individual, do you have ownership interest in any other poultry growing operation? YES NO

If YES, complete the table below indicating the name(s) of the poultry growing operation(s) and all state(s) and county(ies) where the other poultry growing operation(s) are located, the contact phone number(s) and email

| Name of Poultry Growing Operation(s) | State(s) | County(ies) | Physical Address(es) of Poultry Growing Operation(s) | Contact Phone Number(s) | Contact Email Address(es) |
|--------------------------------------|----------|-------------|--|-------------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

address(es).

6. If you operated an poultry growing operation, and are applying as other than an individual, does any member/shareholder have an ownership interest in any other poultry growing operation(s)? YES NO

If YES, complete the table below indicating the name(s) of the poultry growing operation(s) for each member/shareholder and all state(s) and county(ies) where the member(s)/shareholder(s) other poultry growing operation(s) are located, the contact phone number(s) and email address(es).

| Name of Poultry Growing Operation(s) | State(s) | County(ies) | Physical Address(es) of Poultry Growing Operation(s) | Contact Phone Number(s) | Contact Email Address(es) |
|--------------------------------------|----------|-------------|--|-------------------------|---------------------------|
| | | | | | |
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7. If you operated a live poultry operation in other states in addition to North Carolina, please complete the information below:

| Out-of-State Farm Physical Address | State | Contact Name | Contact Phone Number | Contact Email Address |
|------------------------------------|-------|--------------|----------------------|-----------------------|
| | | | | |
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| | | | | |

8. What was the business structure of the poultry operation during calendar year 2009?

| Individual | | General/Limited Partnership | | Joint Venture (LLC, "S" Corp) | | DUNS # (Other than Individual) |
|------------|----|-----------------------------|----|-------------------------------|----|--------------------------------|
| YES | NO | YES | NO | YES | NO | |
| | | | | | | |

9. I have completed the forms below, and they have been submitted to the US Internal Revenue Service (IRS).

| CCC-927 "Consent to Disclosure of Tax Information - Individual" (A) | | CCC-928 - "Consent to Disclosure of Tax Information - Legal Entity" (B) | |
|---|------------------------------|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Forms are available at county FSA offices. FSA staff will be available to provide assistance in completing these forms, if needed. Failure to furnish and submit to the IRS the information requested in the applicable forms will result in a determination of ineligibility for PGAP financial assistance.

10. The documents listed below are attached to this application.

| Yes | No | Document Title |
|-----|----|---|
| | | Sworn Statement of No Overdue Tax Debts - (A template is provided in Exhibit 1 [Individuals] or 1-A [Other than Individuals]) - - Two original documents are required |
| | | Conflict of Interest Policy - (A template is provided in Exhibit 2 [Other than Individuals]) |

11. Outline your last 12 months' Settlement Statements below, and attach them to this completed application.

| Settlement Statement ID # | Date of Settlement Statement | Net Amount | Cumulative Total |
|---------------------------|------------------------------|------------|------------------|
| | | | |
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|---|-------|
| <p>GRANTEE CERTIFICATION: I hereby certify that the information contained in this application and any other PGAP documents are true and correct. I understand that any false statements made as part of this application, or any other PGAP documents, can be the subject of substantial civil and/or criminal liability and sanctions. I do further certify that I am a principal in the applying entity and that I am fully authorized to make and sign this application on behalf of the applicant organization.</p> | |
| Authorized Signature: | Date: |
| Printed Name: | |
| Title: | |

Return completed application by December 3, 2010 via Overnight service to Sandi Cummings or Elizabeth Health; NCDA&CS, Budget and Finance; 2 West Edenton St.; Raleigh NC, 27601.

Exhibit 3

Certifications and Assurances



NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
Steve Troxler, Commissioner

2009 POULTRY LOSS CONTRACT GRANT ASSISTANCE PROGRAM (PGAP)

CERTIFICATIONS AND ASSURANCES

BACKGROUND & PURPOSE: On September 15, 2010, the United States Department of Agriculture (USDA) announced the availability of \$60 million for a Poultry Loss Contract Grant Assistance Program (PGAP). PGAP will provide assistance to eligible poultry growers whose poultry growing arrangement with a live poultry dealer that filed proceedings under chapter 11 of title 11, United States Code, in United States Bankruptcy Court during the 30-day period beginning on December 1, 2008 was terminated.

1. I certify that I had a poultry growing arrangement with a live poultry dealer that filed proceedings under chapter 11 of title 11, United States Code, in United States Bankruptcy Court during the 30-day period beginning on December 1, 2008.
2. I certify that I suffered a financial loss, as a result of a bankrupt live poultry dealer terminating my poultry growing arrangement between May 1, 2008, and July 1, 2010.
3. I certify that I did not enter into a poultry growing arrangement with any live poultry dealer for 1 month following the termination of my poultry growing arrangement with a bankrupt live poultry dealer.
4. I certify that I was in compliance with the highly erodible land and wetland provisions for calendar year 2009.
5. I certify that I did not have an average adjusted gross non-farm income that exceeded \$500,000 for calendar years 2005 – 2007.
6. I certify that the poultry operation for which I have made application for funding under the PGAP is not a State or Federal-owned poultry operation.
7. I certify that I did receive a termination letter or a verbal termination from the bankrupt live poultry dealer.
8. I certify that I have records on file with FSA that show: (1) that my average adjusted gross non-farm income does not exceed \$500,000 for calendar years 2005-2007 (CCC-926); (2) that I am in compliance with the conservation compliance eligibility provisions for other programs (AD-1026); and (3) that I have a form CCC-901, Member's Information – 2009 and Subsequent Years, on file to assist in determining eligibility for program benefits if an entity.
9. I certify that the statements made on my PGAP application and any other program documents are true and correct. I further certify that I understand that any false statements made as a part of the application or any other program documents can be the subject of substantial civil and or criminal liability and sanctions.
10. I certify that I shall provide any information and/or documents as requested, and in the format requested, to assure full compliance with this Program and to assure proper and complete reporting as may be required by both branches of government. Providing information and/or documentations as requested include, but not limited to, my submitted application and required supporting documentation.
11. I certify that I shall provide access to my poultry growing facility and to all PGAP related records to representatives of both levels of government as needed to assure program compliance. I further understand that failure to provide access to all documents and records necessary to assure full compliance with this Program shall result in that part of the grant to the State to be considered to have been improperly made for which I shall make a full refund to the State plus interest from the initial date of disbursement for reimbursement to FSA.
12. I certify that I understand that payments made by FSA are subject to the availability of funds and any requirements of law that may apply.

13. I certify that I shall retain financial and other records relating to this Program for a period of five years, which is in compliance with the State's basic retention policy, after my final financial report has been submitted to NCDA&CS or until final resolution of any audit findings or litigation claims relating to the distribution of funds.
14. I certify that I shall complete and submit all required reports, either in hard copy and/or electronic format, as required.
15. I certify that I understand that total amount of assistance that I may receive as an individual or legal entity, directly, or indirectly, from the PGAP funds made available to North Carolina shall not exceed \$100,000, in aggregate. I further understand that general partnerships and joint ventures shall not exceed \$100,000 times the number of members that constitute the general partnership or joint venture.
16. I certify that I understand the payment limitation of \$100,000 shall be applied to my business structure as it existed during calendar year 2009.
17. I certify that any funds paid to me under the PGAP in excess of the amount to which I am finally determined to be entitled shall constitute a debt to the State of North Carolina and shall be refunded to the NCDA&CS within 60 days or a longer period mutually agreed to by the me and the NCDA&CS. If the debt is not paid within agreed upon schedule, the NCDA&CS may reduce the debt by:
 - a) making an administrative offset against other requests for reimbursements;
 - b) withholding any payments otherwise due the poultry grower; and/or
 - c) taking other action permitted by law.
18. I certify that I have or will have, not later than the dated signature below, the following forms completed and submitted to the IRS as may be applicable:
 - a) CCC-927 – "Consent to Disclosure of Tax Information – Individual", and/or
 - b) CCC-928 – "Consent to Disclosure of Tax Information – Legal Entity".

I understand that failure to furnish and submit to the IRS information requested in the applicable forms will result in a determination of ineligibility for PGAP financial assistance.
19. I understand that information provided in my application and any other documents related to this grant program may be made public through various governmental websites and other electronic devices.
20. I certify that I am a principal in the applying entity and that I am fully authorized to make and sign this application on behalf of the applicant organization.

| | |
|-----------------------|-------|
| Authorized Signature: | Date: |
| Printed Name: | |
| Title: | |

Return completed application by December 3, 2010 via Overnight service to Sandi Cummings or Elizabeth Heath; NCDA&CS, Budget and Finance; 2 West Edenton St.; Raleigh NC, 27601.

Exhibit 1

State Grant Certification – For Individual Sub Grantees

Sworn Statement of No Overdue Tax Debt and Conflict of Interest

Instructions: Grant applicants who are **individuals** and operating as a sole proprietor should complete this certification and conflict of interest statement. Enter appropriate data in the shaded areas. The completed and signed form should be attached to your application.

State Grant Certification – For Individual Sub Grantees

Sworn Statement of No Overdue Tax¹ Debts and Conflict of Interest

_____ **[Insert Date of Certification]**

**To: NCD&CS, Marketing Division
Contract Administrator**

Certification:

I certify that I, _____ **[Insert Your Name]**, do not have any overdue tax debts, as defined by North Carolina G.S. 105-243.1, at the federal, state, or local level. I further certify that I will not use funds awarded by this grant to satisfy any subsequent tax obligations.

Additionally, I _____ **[Insert Your Name]**, certify that I do not have any personal and/or professional relationships with the North Carolina Department of Agriculture and/or any of its' employees or governing Board, as defined by North Carolina G.S. 143-6.2 (b1), that have been used to in any way influence the potential of an award or an official award of funds to me. I further understand that a false statement made is in violation of North Carolina G.S. 143-6.2(b2) and such false statement would be a criminal offense punishable as provided by North Carolina G.S. 143-34(b).

Sworn Statement:

I, _____ **[Insert Your Name]** certify that I am a resident of _____ **[Insert Name of Town or City]** in the State of North Carolina. I also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

[Signature of Individual]

Sworn to and subscribed before me on the day of the date of said certification.

NOTARY
SEAL

[Signature of Notary]

My Commission Expires: _____

¹ G.S. 105-243.1 defines "Overdue tax debt. – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement."

Exhibit 1-A

State Grant Certification – For Business Sub Grantees

Sworn Statement of No Overdue Tax Debts

State Grant Certification – No Overdue Tax Debts¹ – Template

Instructions: Applicant operating as a business entity should complete on its **business letterhead, or if not available type in the business name at the top of the page.** This certification and attach it to the completed application. Insert appropriate data in the shaded areas

Business Letterhead

[Date of Certification]

**To: NCDA&CS, Marketing Division
Contract Administrator**

Certification:

We certify that the **[insert organization's name]** does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S. 143-34(b).

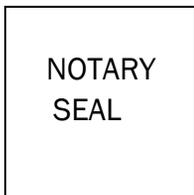
Sworn Statement:

[Insert Name of Owner, President or Board Chair] and **[Name of Second Authorizing Official]** being duly sworn, say that we are the **[Insert Title]** and **[Insert Title of the Second Authorizing Official]**, respectively, of **[Insert Name of Business]** of **[Insert Name of Town or City]** in the State of North Carolina; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

Signature Owner, President or Board Chair

[Title of Second Authorizing Official]

Sworn to and subscribed before me on the day of the date of said certification.



(Notary Signature)

My Commission Expires _____

¹ G.S. 105-243.1 defines: "Overdue tax debt. – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement."

Exhibit 2

Conflict of Interest Policy

CONFLICT OF INTEREST POLICY – Template

Instructions: This document is intended as an aid to assist non-State entities in establishing a conflict of interest policy. It is not intended to be used verbatim, but rather to serve as a template for nongovernmental organizations as they craft their individual conflict of interest policy. This example includes definitions of what is considered unacceptable, and the consequences of any breaches thereof

Conflict of Interest Defined:

A conflict of interest is defined as an actual or perceived interest by a (staff member/Board member) in an action that results in, or has the appearance of resulting in, personal, organizational, or professional gain. A conflict of interest occurs when an employee/Board member has a direct or fiduciary interest in another relationship. A conflict of interest could include:

- Ownership with a member of the Board of Directors/Trustees or an employee where one or the other has supervisory authority over the other or with a client who receives services.
- Employment of or by a member of the Board of Directors/Trustees or an employee where one or the other has supervisory authority over the other or with a client who receives services.
- Contractual relationship with a member of the Board of Directors/Trustees or an employee where one or the other has supervisory authority over the other or with a client who receives services.
- Creditor or debtor to a member of the Board of Directors/Trustees or an employee where one or the other has supervisory authority over the other or with a client who receives services.
- Consultative or consumer relationship with a member of the Board of Directors/Trustees or an employee where one or the other has supervisory authority over the other or with a client who received services.

The definition of conflict of interest includes any bias or the appearance of bias in a decision making process that would reflect a dual role played by a member of the organization or group. An example, for instance, might involve a person who is an employee and a Board member, or a person who is an employee and who hires family members as consultants.

Employee Responsibilities:

It is in the interest of the organization, individual staff, and Board members to strengthen trust and confidence in each other, to expedite resolution of problems, to mitigate the effect and to minimize organizational and individual stress that can be caused by a conflict of interest. Employees are to avoid any conflict of interest, even the appearance of a conflict of interest. This organization serves the community as a whole rather than only serving a special interest group. The appearance of a conflict of interest can cause embarrassment to the organization and jeopardize the credibility of the organization. Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to your supervisor immediately.

Employees are to maintain independence and objectivity with clients, the community, and organization. Employees are called to maintain a sense of fairness, civility, ethics and personal integrity even though law, regulation, or custom does not require them.

Acceptance of Gifts:

Employees, members of employee's immediate family, and members of the Board are prohibited from accepting gifts, money or gratuities from the following:

- persons receiving benefits or services from the organization;
- any person or organization performing or seeking to perform services under contract with the organization; and
- persons who are otherwise in a position to benefit from the actions of any employee of the organization.

REQUIRED INFORMATION ON ANY CONFLICT OF INTEREST POLICY

EFFECTIVE DATE OF THIS POLICY: _____(date) THIS POLICY WAS APPROVE BY: _____ (official body approving the policy)
ON: _____(date)