# COMMONWEALTH of VIRGINIA

Department of Agriculture and Consumer Services
State Milk Commission
PO Box 1163, Richmond, Virginia 23218
Phone: (804) 786-2013 | Fax: (804) 371-8700 | Email: milk@vdacs.virginia.gov


March 2, 2022

Governor Youngkin signed HB 828 on February 14, effectively extending the application deadline for the Dairy Producer Margin Coverage Premium Assistance Program (Program). Under this Program, Virginia dairy producers enrolled in the USDA-FSA Dairy Margin Coverage (DMC) program may be refunded for their Tier 1 premium payment. In order to qualify for the refund, a dairy farm must meet the following criteria:

- Maintain a grade A milk permit issued by the Virginia Department of Agriculture and Consumer Services.
- Be actively producing milk in Virginia at the time of application
- Have an active resource or nutrient management plan as approved by the Department of Conservation and Recreation (DCR) or a local soil and water conservation district **OR** have a plan that is under review by DCR or a local soil and water conservation district.
- Be enrolled in the 2022 USDA-FSA DMC program at the Tier 1 coverage level **AND** have prepaid the annual premium.

The Virginia Department of Agriculture and Consumer Services has no record of an application on file for the addressee. If you are interested in reimbursement of the 2022 DMC program premium, please fill out the enclosed application. Contact phone number and email address are not required. However, they may be useful to notify applicants more quickly of any submission issues or application approval. **COPIES** of the required documents should be included when returning an application; do not send original documents.

Applications should mailed to:

Virginia Department of Agriculture and Consumer Services
Attention: DPMC Premium Assistance Program
PO Box 1163
Richmond, Virginia 23218

Program reimbursement funds are limited and available on a first-come, first-served basis. Only complete applications postmarked before **May 15, 2022** will be considered. Electronic submissions of applications cannot be accepted at this time.

Questions regarding the Program should be directed to the State Milk Commission at 804-786-2013 or milk@vdacs.virginia.gov.

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Department of Agriculture and Consumer Services
Attention: VDACS DPMC Premium Assistance Program
PO Box 1163, Richmond, Virginia 23218
804-786-2013 |vdacs.virginia.gov/food-state-milk-commission

# DAIRY PRODUCER MARGIN COVERAGE PREMIUM ASSISTANCE PROGRAM

**Form DPMCPAP-22 (revised 06/2021)** **VDACS Finance Code: 448**

## Applicant Information

| | |
|---|---|
| **Contact Name:** | |
| **Contact Phone Number:** | |
| **Contact Email Address:** | |
| **Farm Name:** | |
| **Contact Address:** | |
| **City, State, ZIP Code:** | |
| **Grade A License Number:** | |
| **Cooperative:** | |

| Check | ***This application must be postmarked no later than FEBRUARY 1 and include COPIES (do not send originals) of the four documents below.*** |
|---|---|
| | Cover letter from a current resource or nutrient management plan for your farm that has been signed and dated by a planner certified by the Virginia Department of Conservation and Recreation. |
| | Commonwealth of Virginia Substitute W-9 Form as issued by the Virginia Department of Accounts with Tax Identification Number (TIN) or Employer Identification Number (EIN) for the farm. |
| | Proof of enrollment for the current program year in the Tier 1 level of the USDA Farm Service Agency Dairy Margin Coverage Program. |
| | Receipt of payment **OR** documentation of expenditure for the current program year in the Tier 1 level of the USDA Farm Service Agency Dairy Margin Coverage Program. |

**I have reviewed the information above and certify that it is accurate:**

| Signature | Printed Name | Date |
|---|---|---|

| **VDACS Internal Use Only** | | | |
|---|---|---|---|
| Date Received: | | Control #: | |
| Date Reviewed: | | Check #: | |
| Reviewer: | | Check Amount: | |
| Approved (Y/N): | | Check Sent Date: | |
| Comments: | | | |

Form **W-9**

**Commonwealth of Virginia**
**Substitute W-9 Form**

Revised December 2017

# Request for Taxpayer Identification Number and Certification

## Section 1 -Taxpayer Identification

☐ **Social Security Number (SSN)**

☐ **Employer Identification Number (EIN)**

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Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number . The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.

**Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)**

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**Legal Name:**

**Business Name:**

| Entity Type | | Entity Classification | | Exemptions (see instructions) |
|---|---|---|---|---|
| ☐ Individual | ☐ Corporation | ☐ Professional Services | ☐ Medical Services | Exempt payee code (if any): |
| ☐ Sole Proprietorship | ☐ S-Corporation | ☐ Political Subdivision | ☐ Legal Services | (from backup withholding) |
| ☐ Partnership | ☐ C-Corporation | ☐ Real Estate Agent | ☐ Joint Venture | |
| ☐ Trust | ☐ Disregarded Entity | ☐ VA Local Government | ☐ Tax Exempt Organization | Exemption from FATCA reporting code (if any): |
| ☐ Estate | ☐ Limited Liability Company | ☐ Federal Government | ☐ OTH Government | |
| ☐ Government | ☐ Partnership | ☐ VA State Agency | ☐ Other | |
| ☐ Non-Profit | ☐ Corporation | | | |

**Contact Information**

Legal Address:

City: State : Zip Code:

Remittance Address:

City: State : Zip Code:

Name:

Email Address:

Business Phone:

Fax Number:

Mobile Phone:

Alternate Phone:

## Section 2 - Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification

**Printed Name:**

**Authorized U.S. Signature:**

Date: