

Qualification for Reimbursement under the Livestock Feed Reimbursement Program FY 2013

Producers seeking assistance under Act 122 SLH 2012 may qualify for feed cost reimbursement assistance. Payment to eligible producers or handlers will be limited to the reimbursement of costs incurred during FY2013, up to a maximum of \$200,000 or 10% of feed costs, provided that funds are available.

This form will be used to initially qualify companies. Refer to http://hdoa.hawaii.gov/ for program details and updates.

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General Information Name/Title			
Farm or Business		dba	
Mailing Address		Farm or Business Address	
Mailing Addiess		Tallii di Dusilless Addiess	
City, State, Zip		City, State, Zip	
Dhono		L Fav.	
Phone	Cellphone		Fax
Email			
Description of Business			
Program Qualification (check applicable beef operation, which grows, slate annually goat herd, located in Hawaii, of the state of the s	aughters, processes,		waii, and finishes at least 100 head
milk herd, located in Hawaii, of	not less than 350 cov	ws	
pork herd, raised and located in	Hawaii. of not less th	nan 50 sows	
poultry flock, raised and located			
poulty nock, raised and located	iii i iawaii, oi iiot less	5 than 5,000 birds	
Please attach copies of: 1. Completed Form W-9 2. Copy of a blank invoice w/Company Name & Address 3. Certificate of Good Standing (DCCA) 4. Original Tax Clearance Certificate (DOTAX) 5. Certificate of Compliance (DLIR)		I declare that this form has been examined by me and to the best of my knowledge and belief, is a true, correct, and complete representation, made in good faith, for the fiscal year stated. Signature (required)	
		Date:	
Date.			
NOTE: Incomplete or incorrect inform If necessary, when are you available f			
For Office Use Only			Mail completed form to:
Postmark/Date Received	Verified by	on	Hawaii Dept. of Agriculture Animal Industry Division Aquaculture and Livestock Support Services Livestock Feed Reimbursement Program 99-941 Halawa Valley Street Aiea, HI 96701-5602