



MISSOURI DEPARTMENT OF AGRICULTURE
 MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY (MASBDA)
DAIRY PRODUCER MARGIN INSURANCE PREMIUM ASSISTANCE PROGRAM APPLICATION
 Eligible Years: *Calendar Years 2015-2017 USDA Margin Protection Program (MPP-Dairy) Premium*

SECTION 1 - APPLICANT(S) INFORMATION

NAME OF DAIRY OPERATION (MUST MATCH NAME IN BOX 6 OF USDA CCC-782 MARGIN PROTECTION PROGRAM ANNUAL COVERAGE ELECTION FORM)

PHONE NUMBER	CELL PHONE NUMBER	NAME OF CONTACT		
E-MAIL ADDRESS		COUNTY	USDA ADMINISTRATION COUNTY (IF DIFFERENT THAN PHYSICAL LOCATION)	
ADDRESS		CITY	STATE	ZIP CODE
TAXPAYER ID NUMBER	TAXPAYER ID TYPE (CHECK ONE) <input type="checkbox"/> SSN (Social Security Number) <input type="checkbox"/> FEIN (Federal Employer Identification Number)			

SECTION 2 - MARGIN INSURANCE INFORMATION

2015 PREMIUM AMOUNT PAID* \$	*Maximum reimbursement rate will not exceed 70% of annual premium paid, up to a maximum reimbursement rate of thirty-four (34) cents per hundredweight of milk as shown on USDA CCC 782.
2016 PREMIUM AMOUNT PAID* \$	
2017 PREMIUM AMOUNT PAID* \$	
(Must match amount on USDA CCC 782, Box 16)	*If total eligible application amounts exceed cash availability, premium reimbursements will be pro-rated by total available funding to the program.

SECTION 3 - REQUIRED INFORMATION

This Application must include:

- Copy of completed and signed USDA CCC-782 for each year requesting reimbursement (must be signed by both producer and USDA)
- Copy of USDA Farm Service Agency NRRS Receipt Details for each year requesting reimbursement
- Completed State of Missouri Vendor Input Form (attached)
- Copy of valid Missouri Drivers License or other approved form of identification to certify legal citizenship status
- Application fee - made payable to MASBDA
 - \$25 – if requesting reimbursement for one year MPP-Dairy premium
 - \$50 – if requesting reimbursement for two years' MPP - Dairy premium
 - \$75 – if requesting reimbursement for three years' MPP - Dairy premium

SECTION 4 - CERTIFICATION OF INFORMATION

- I am citizen of the United States, or permanent resident of the United States, or lawfully present in the United States.
 Yes No
- The dairy operation is located within the State of Missouri.
 Yes No
- I have provided all required documents (as listed above and in the accompanying Dairy Producer Margin Insurance Premium Assistance Program Guidelines and Procedures.)
 Yes No
- I understand one premium reimbursement payment will be made per dairy operation. If the dairy operation has multiple shareholders (as noted on the USDA CCC-782), it is the responsibility of the applicant to distribute the reimbursement payment accordingly among shareholders.
 Yes No
- I understand funding is subject to cash availability and current appropriation authority. If eligible application amounts exceed cash availability and current appropriation authority, reimbursement payments will be pro-rated by total available funding to the program.
 Yes No

SECTION 5 - SIGNATURE(S)

I authorize USDA Farm Service Agency to release evidence of payment of the MPP-Dairy premium for 2015 through 2017 years for my dairy operation listed in Section 1 to the Missouri Department of Agriculture (MASBDA), if needed to verify any information for program eligibility. This authorization expires _____.

NAME	SIGNATURE	DATE
I (We) hereby certify, subject to penalties of perjury that all information I (we) have supplied is truthful and complete, and I am an authorized legal representative of the Dairy Operation.		
SIGNATURE		DATE



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
VENDOR INPUT/ACH-EFT APPLICATION

***REQUIRED FIELDS**

*NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN 	*FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER
	*TYPE OF ENTITY <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Individual <input type="checkbox"/> State Employee <input type="checkbox"/> Other _____
	DATE OF CHANGE
REMIT TO NAME/ADDRESS IF DIFFERENT THAN ABOVE 	PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER
	PREVIOUS NAME
	PREVIOUS ADDRESS
PURCHASE ORDER NAME/ADDRESS IF DIFFERENT THAN ABOVE 	COMMENTS

TO BE COMPLETED BY FINANCIAL INSTITUTION	
NAME/ADDRESS OF FINANCIAL INSTITUTION 	<input type="checkbox"/> I (We) hereby authorize the State of Missouri, to initiate credit entries to my (our) account at the depository financial institution named and to credit the same such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law. This authorization is to remain in full force and effect until the State of Missouri, Office of Administration, has received written notification from me (us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.
DEPOSITOR ROUTING NUMBER	
DEPOSITOR ACCOUNT NUMBER	
NAME ON ACCOUNT	
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> I (We) hereby cancel my (our) ACH/EFT authorization.
SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION	*VENDOR SIGNATURE X
PRINT NAME	*PRINT NAME
TITLE	*TITLE
TELEPHONE NUMBER DATE	EMAIL ADDRESS
	*TELEPHONE *DATE

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS) **Exempt from Backup Withholding**

Under penalties of perjury, I certify that:

I. 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**

II. 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**

III. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item II 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 all real estate transactions, item II 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 W-9 Instructions on irs.gov website for more information.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE

VENDOR INPUT FORM INSTRUCTIONS

The purpose of this form is to add a vendor record or to make changes to a vendor record. A vendor is a person or business being paid by the State of Missouri.

THESE FIELDS ARE REQUIRED TO BE COMPLETED FOR ALL CIRCUMSTANCES. (SHADED FIELDS)

Enter NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN.

Enter the FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER that is used for income taxes for the name entered.

Check the correct TYPE OF ENTITY.

Signature is required at VENDOR SIGNATURE along with PRINT NAME, TITLE, TELEPHONE, and DATE.

CONDITIONAL FIELDS

If payments are to be sent to a different address, enter a REMIT TO NAME/ADDRESS.

If purchase orders are to be sent to a different address, enter a PURCHASE ORDER NAME/ADDRESS.

If you are making a change to your vendor record, fill out these additional fields:

DATE OF CHANGE is the effective date of the change in business structure/activity

PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER

PREVIOUS NAME

PREVIOUS ADDRESS

COMMENTS are for additional information that may be helpful including reason for the change.

TO SET UP OR TO CHANGE DIRECT DEPOSIT INFORMATION, FILL IN THE FOLLOWING, INCLUDING THE REQUIRED FIELDS FROM ABOVE.

NAME/ADDRESS OF FINANCIAL INSTITUTION where you want the money to be deposited. A representative from the financial institution must complete and sign this section.

Check appropriate box for electronic deposits.

If changing bank account information, fill in DATE OF CHANGE.

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)

This certifies that the Taxpayer Identification Number (TIN) on this form is the correct number and whether backup withholding applies.

Fax to (573) 526-9813 or mail to Office of Administration/Accounting, PO Box 809, Jefferson City, MO 65102.