

USDA Farm Service Agency
2006 Livestock Assistance Grant Program

Administered by the
Montana Department of Agriculture

APPLICATION FORM

Complete a separate application for each county for livestock residing in a county different than the county of the home operation. For program details, see accompanying Program Fact Sheet. Please type or print legibly.

Farm or Ranch Name _____ Contact Person _____
EIN: or
SSN:
Name of ranch or person that should appear on the check _____ Corresponding Tax Identification Number (check appropriate box) _____
Mailing Address _____ City _____ State _____ Zip _____
County of home operation _____ Phone _____ Fax _____

Maximum total number of foundation livestock residing in qualifying county between March 7, 2006 and August 31, 2006:

Cattle _____ x 1 = _____ AUs Bison _____ x 1 = _____ AUs

Horses _____ x 1 = _____ AUs Sheep _____ ÷ 5 = _____ AUs

TOTAL Animal Units (AUs): _____ County of Livestock: _____

There is a \$10,000 payment limitation per producer. If the producer is a partnership or corporation, payment will be made pursuant to direction in the Livestock Assistance Grant Program Agreement. If applying for assistance in another state under this program, please list each state: _____

The application must be complete, accurate, and signed to be considered valid. In addition, a signed Producer Release and Indemnification Agreement must accompany this application. Applications must be submitted to the extension agent for review. The extension agent will forward completed applications to the Montana Department of Agriculture for processing. Disbursement of grant monies will occur after the application deadline and completion of application approval process.

I, the undersigned, hereby acknowledge that I am the owner or authorized agent of the livestock and farm/ranch listed above and that I have suffered forage related losses caused from drought in 2006. I further understand and realize that I may be selected by the department to produce documentation for verification of loss and livestock numbers pertaining to this program. I have read and understand the attached 2006 Livestock Assistance Grant Program Agreement and agree to release the Montana Department of Agriculture of any liability. I accept all terms and conditions of the 2006 Livestock Assistance Grant Program. The information contained in this application is true and correct to the best of my knowledge and belief.

Printed name of authorized farm/ranch agent _____

Signature of authorized farm/ranch agent _____ Date _____

IMPORTANT: APPLICATIONS MUST BE SUBMITTED TO THE EXTENSION AGENTS NO LATER THAN 5:00 P.M. ON TUESDAY, NOVEMBER 28, 2006. DO NOT SUBMIT APPLICATIONS DIRECTLY TO DEPARTMENT.

For Official Use Only: Extension - Date Received _____ Date Reviewed _____ Initials _____
Department - Date Rec'd _____ Date Reviewed _____ Qty AUs _____ Voucher # _____

October 12, 2006