Applications MUST be received by close of business 90 business days after the Texas Governor’s declaration of disaster for the county in which assistance is sought. Please see TDA’s website for a complete listing of eligible counties and deadlines. LATE APPLICATIONS WILL NOT BE ACCEPTED.

The Texas Department of Agriculture (TDA) is accepting applications for the State of Texas Agriculture Relief (STAR) Fund Producer Disaster Assistance Program (Program). Funding for the Program is available through the STAR Fund established to collect monetary contributions from private individuals and entities to fund disaster recovery efforts. TDA will provide a cost share to qualified agricultural producers (producer) for a specific value determined by TDA (maximum assistance will not exceed $4,000 per applicant). The Program is designed to provide relief to Texas agricultural producers adversely impacted by natural disasters.

An eligible producer is a farm operator located in a county declared a disaster by the Texas Governor. Applicants may submit documentation for agriculture related expenses not paid for by insurance or other governmental sources related to farm fencing, agricultural structure repairs (for example: barns, chicken houses, or stables), animal removal or other necessary agricultural related costs directly related to rebuild from the natural disaster. Applicant must demonstrate that expenses incurred were related to agriculture production and directly caused by the disaster.

Submitted applications will be reviewed individually and eligibility of expenses will be determined on a case-by-case basis. TDA will assist producers by reimbursing them 50% of the eligible costs up to a maximum value set by TDA. Applicants will be required to show all documentation of the costs paid to determine the STAR Fund assistance amount. (Example: A producer would need to submit documentation for $2,000 of eligible expenses to receive $1,000 in reimbursement.) All expense must be paid by the producer before a reimbursement will be provided.

Applications must be complete and have all required documentation to be considered. TDA reserves the right to request additional information or documentation to determine eligibility. Applications missing documentation or otherwise deemed incomplete will not be considered for funding until sufficient information has been received. TDA reserves the right to deny applications if the applicant is unable to provide required documentation within the deadline provided by TDA when requesting the information. All determinations regarding eligibility of expenses and funding amounts are final.

Verification of the damage caused by the disaster is required prior to TDA disbursing funds. Please include any pictures, certifications or other documentation of the damage.

Agriculture business means - a business that is or proposes to be engaged in producing, processing, marketing, or exporting an agricultural product

Agricultural product means - an agricultural, horticultural, viticultural, or vegetable product, bees, honey, fish or other seafood, planting seed, livestock, a livestock product, a forestry product, poultry, or a poultry product.

|  |  |  |  |
| --- | --- | --- | --- |
| **Allowable Costs** | | **Unallowable Costs** | |
| • Fence supplies  • Agricultural structure repair  • Seed replacement  • Livestock replacement  • Supplies needed to repair or rebuild agricultural operation | • Feed  • Disposal Fees  • Labor for debris removal  • Detailed description of other necessary agricultural related costs for consideration | • Gas  • Mileage  • Housing  • Food  • Relocation Services | • Valuation of:  • lost livestock  • lost seed  • lost crop  • lost feed  • lost land |

Mailing Address: P.O. Box 12847, Austin, Texas 78711

*Physical Address: 1700 N. Congress Avenue, Austin, Texas 78701*

*Voice (800) 835-5832 ⬩ (512) 463-6695 or (512) 463-9932 ⬩ Fax (888) 223-9048*

[*www.TexasAgriculture.gov*](http://www.TexasAgriculture.gov) *⬩ E-mail*

*[STARFund@TexasAgriculture.gov](mailto:STARFund@TexasAgriculture.gov)*

GTBD-109

## Application Checklist

|  |
| --- |
| **REQUIRED:** In order to be eligible for funding, the following items *are required*:  Completed and signed **Form GTBD-109**.  Completed **Expense Documentation Form** *(part of application)*  Completed [**W-9 IRS Federal Tax Form**](http://www.irs.gov/pub/irs-pdf/fw9.pdf)**.** *🡨 click blue hyperlink to download*  Completed [**Application for Texas Identification Number**](http://www.texasagriculture.gov/Portals/0/Publications/ER/Organic%20Cost%20Share/Application%20for%20Texas%20Identification%20Number.pdf) *🡨 click blue hyperlink to download. (To help TDA make sure payments are issued correctly, this form must match Legal Business Name given on application.)*  **Itemized invoice(s) or other documentation demonstrating costs incurred for recovery of items**  **Proof of payment** (Invoices that show a $0 balance. Cancelled checks can be used, but both sides of the check must be submitted to document all expenses have been paid. Copies of credit card statement with account numbers blacked out may also be accepted. Applicant has to demonstrate that all payments have been both paid and cleared.)  **Pictures, certifications or other documentation of damage related to agricultural operation**  **OPTIONAL:**   [**Direct Deposit Form**](http://www.texasagriculture.gov/Portals/0/Publications/ER/Organic%20Cost%20Share/7.%20Direct%20Deposit%20form.pdf) *🡨 click blue hyperlink to download* |

## Section A. Applicant Type

|  |  |
| --- | --- |
| Type of Applicant | Business (please fill out section A.1 and A.2) |
| *(check one)* | Sole Proprietor / Individual (please fill out section A.2) |

## Section A.1. Business Information

|  |  |
| --- | --- |
| Full Legal Business Name: |  |
| *(payment will be issued in this name)* | |

|  |  |
| --- | --- |
| DBA ‘Doing Business As’ Name:  *(if applicable)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mailing Address: |  | |  |
|  | Street Address | | Texas County |
|  |  |  |  |
|  | City | State | Zip Code |

## Section A.2. Applicant Contact Information - Responsible Officer, Partner, Owner or Individual Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business. For Sole Proprietors, this will be the name of the person the payment will be issued to and should match the payee ID form.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  | Mr.  Dr.  Ms.  Other |
|  | First | Last |

|  |  |
| --- | --- |
| Email Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: | (     )       -       Ext. | Alt #: | (     )       - |

|  |  |  |  |
| --- | --- | --- | --- |
| Mailing Address: |  | |  |
|  | Street Address | | Texas County |
|  |  |  |  | |
|  | City | State | Zip Code | |

### 

|  |  |  |  |
| --- | --- | --- | --- |
| Property affected Physical Address: |  | |  |
| Street Address | | Texas County |
|  |  |  |  |
|  | City | State | Zip Code |

### 

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Impacted properTy infoRMaTION (Add additional pages if necessary) | | | | |
| Tax Property ID #  (found on your property tax records) | Primary Purpose of the Property | Texas County Property is Located in | Date of Disaster | Number of Acres impacted |
|  | Crop  Livestock  Other | Enter Texas County | Click here to enter a date. | acres |
|  | Crop  Livestock  Other | Enter Texas County | Click here to enter a date. | acres |
| Texas Agricultural or Timber Registration number **(Required)** |  | | | |
| **Description of Damage:** Summarize the damage sustained by your operation directly related to the natural disaster events Please also include any additional details you feel will help TDA in determining the STAR Fund amount. | | | | |
|  | | | | |

## Grant Application Certifications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| By signing below, applicant:   1. certifies that all information provided in connection with this application is true and correct, and that the identified operation sustained damage directly related to natural disaster events and the expenses documented as part of this application were in direct relation to repairing, mending or replacing those damages; 2. certifies that the property damage claims submitted have not been paid for by insurance or other governmental sources; 3. certifies that if person or entities other than the applicant are entitled to a share of funds received due to a written or verbal agreement, applicant will divide any funds received accordingly; 4. acknowledges that any misrepresentation or false statement made by applicant or an authorized agent of applicant in connection with this application, whether intentional or not, will constitute grounds for denial of this application and may be the subject of substantial civil and/or criminal liability and sanctions; 5. acknowledges this application and any payments owed to Applicant in connection with this application may be reduced or denied because of Applicant’s owing any debt to the State of Texas; and 6. certifies that applicant is authorized to submit this application and to make the preceding certifications and acknowledgements.   *Notice of Penalties: Penalty for knowingly making false statements or false entries, or attempts to secure money through fraudulent means, may include fines and/or incarceration and/or forfeiture of agriculture assistance funds under applicable federal and state law.*  This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.) | | | | |
|  | X |  | /     / |
| Printed name from Section A.2 | Signature | | Date |
| State of Texas  County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SWORN TO AND SUBSCRIBED before me on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public, State of Texas  Notary’s printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary’s commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

## Expense Documentation

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name: |  | | |
| Type of disaster: |  | Dates of disaster: |  |

| **Invoice Date** | **Invoice Number** | **Vendor** | 1. **Description of purchase** 2. **How it is used for rebuilding agricultural operation**   *(additional sheets may be added if needed)* | **Total Invoice amount** | **Has this expense been paid for?** | **If this is an estimated expense provide the date the work is to be completed?** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **$** | **Y**  **N** |  |
|  |  |  |  | **$** | **Y  N** |  |
|  |  |  |  | **$** | **Y  N** |  |
|  |  |  |  | **$** | **Y  N** |  |
|  |  |  |  | **$** | **Y  N** |  |
|  |  |  |  | **$** | **Y  N** |  |
|  |  |  |  | **$** | **Y  N** |  |
|  |  |  |  | **$** | **Y  N** |  |
|  |  |  |  | **$** | **Y  N** |  |
|  |  |  |  | **$** | **Y  N** |  |
|  |  |  |  | **$** | **Y  N** |  |
|  |  |  |  | **$** | **Y  N** |  |
|  |  |  |  | **$** | **Y  N** |  |
|  |  |  |  | **$** | **Y  N** |  |
|  |  |  |  | **$** | **Y  N** |  |

**This form was designed to be completed electronically; however, handwritten requests will be accepted. Please make sure to include copies of legible invoice/receipts for of all expenses listed on this form along with the proof of payment.**