



DELAWARE DEPARTMENT OF  
**AGRICULTURE**

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AGRICULTURE.DELAWARE.GOV

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### Application for Contract Poultry Grower Grant Assistance Program

**CONTACT INFORMATION** PLEASE TYPE OR PRINT CLEARLY

Name of applicant:			
Farm Name:		Type of Business: (Sole proprietorship, LLC, etc.)	
911 Emergency Farm Address or nearest intersection:		Name of Poultry Company:	
City:	State:	Zip:	County:
Phone: ( )	Fax: ( )	Email:	

**OWNER'S CONTACT INFORMATION**  SAME AS ABOVE

Owner's Name:		Phone: ( )	
Address:			
City:	State:	Zip Code:	

**GENERAL INFORMATION:** IF FLOCKS DEPOPULATED, NUMBER OF HOUSES:

For filling out the table below, please list poultry houses that were in production under contract with a poultry integrator between March 15, 2020 to present. Production facilities on the premises that were not in production (actively growing chickens in the building) are not eligible for the grant calculation. If you have more poultry houses than the form allows for, add additional sheets as necessary.

To be eligible, poultry operations must have an approved CAFO permit or have filed a Notice of Intent for CAFO coverage. The poultry operation cannot have business interruption coverage for the losses covered by the grant program. Applicants must complete a W-9 form online (<https://esupplier.erp.delaware.gov/>) prior to receiving payment.

Poultry House Number	In Production March 15 - Present (Y/N)	Building Dimensions	CAFO Permit or Notice of Intent filed (Y/N)

I certify under penalty of law that this information is true and correct. I understand that this information is subject to audit and review. I give permission for the Delaware Department of Agriculture to contact my poultry integrator and that the integrator has permission to release any needed data concerning the farm above.

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**Signature** **Printed Name** **Date**