



DELAWARE DEPARTMENT OF
AGRICULTURE

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Application for Poultry House Demolition 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:		eSupplier ID:	
City:	State:	Zip:	County:
Phone: ()		Fax: ()	Email:
GENERAL INFORMATION:			
<p>The Poultry House Demolition Assistance Program provides cost-share assistance to remove old poultry houses past their useful life. The Department of Agriculture (DDA) will reimburse 50% of actual costs for remediation, up to a maximum of \$10,000 per house.</p> <ul style="list-style-type: none">• The initial application deadline is May 1, 2023. The deadline will be extended if funding remains available.• The applicant must be the owner of the poultry houses to be removed.• Funding is not guaranteed until DDA approves this application.• DDA Nutrient Management staff will perform a site visit to verify houses to be removed and discuss the need to manage any residual litter or nutrients.• Applicants must have an active Delaware eSupplier ID before approval. If you already have an eSupplier ID, provide it above. If you do not have an eSupplier ID, you must apply for one within 30 days at https://esupplier.erp.delaware.gov.• Approved applicants must provide receipts to substantiate costs for reimbursement.• If applications exceed DDA's available funding, applications will be approved in the order they are received.• Poultry house remediation cost-share is also available through programs such as NRCS-EQIP. Cost-share through this program may be combined with other programs to reduce your costs further as long as the actual expenses being reimbursed by DDA have not and will not be reimbursed by another source. The applicant is responsible for meeting the requirements of any other cost-share program used.			
Identifier for Poultry House to be Removed	Last in Production	Building Dimensions	Describe Condition

I certify under penalty of law that this information is accurate and true. I understand that this information is subject to audit and review.

Signature

Printed Name

Date