



Abingdon Feeder Cattle Association

234 West Valley Street, Suite B
Abingdon, VA 24210



“Moving the Beef Industry Forward through Management and Marketing”

“Improving Genetics, Health, and Management of Small Ruminants in Southwest VA” Cost-Share Request Form

Name: _____

Address: _____

Phone: _____

Tax ID or SSN: _____ FSA Farm Tract Number _____

By completing this application, I am requesting funding through the **Improving Genetics, Health, and Management of Small Ruminants in SWVA** Program. I agree to adhere to all of the program requirements as outlined in the Transfer Payment Guidelines. I certify that my application is true and correct, and that all practices have been completed.

SIGNATURE: _____

Funding Amount Requested:

\$_____ **Breeding Stock/Genetic Improvements/Health**

\$_____ **Facilities and Handling**

I certify that the practices listed above are installed according to Program Guidelines and the attached receipts further prove that the grantee is due \$_____ of cost share reimbursement.

Signature: _____

Application # _____

County _____

Date _____