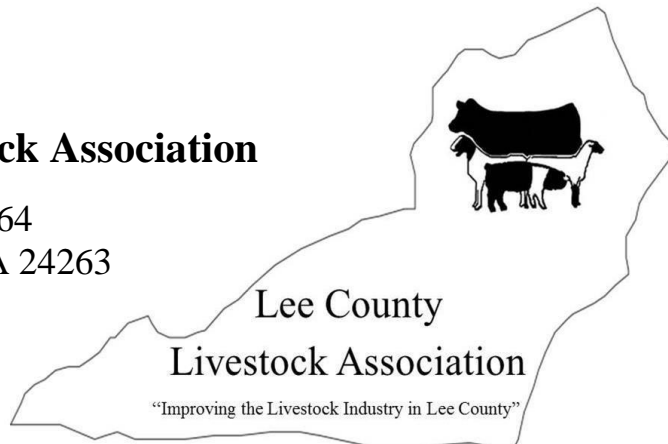


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**Educational Advisor:**  
Amy Byington

## Lee County Livestock Association

PO Box 64  
Jonesville, VA 24263



# Forage Production Initiative for Southwest Virginia

## Cost-Share Request Form

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax ID/SSN: \_\_\_\_\_ FSA Farm Number: \_\_\_\_\_ Tract: \_\_\_\_\_

### Participant Requirements Summary

- Produce 10 acres of hay and/or 20 head of sheep, goats, or cattle.
- Owns or rents (renting must have a written 5-year lease) a farm in a qualifying county with FSA number and tract numbers.
- Attend an approved educational session on improving forage production prior to reimbursement.
- Maintain any built storage structure or equipment for 5 years and hold insurance.
- All practices funded through this program shall be maintained for a minimum of 5 years and are subject to inspection for program compliance during the life-span of the practice.
- Maintenance of the practice is the responsibility of the applicant. Applicants who fail to meet these requirements will be notified by mail that repayment of the funds is required.
- Applicants must fill out a W9 with their application.

Date Attended Approve Forage Workshop & Location \_\_\_\_\_

By completing this application, I am requesting funding through the Forage Production Initiative for Southwest Virginia. I agree to adhere to the Program Guidelines that I have received. I agree to install and maintain the practices according to the specification in the Program Guidelines. I certify that my application is true and correct and that I meet all of the eligibility requirements.

**Signature:** \_\_\_\_\_

### Official Use Only

I certify that the practices meet qualifications for cost-share and have been installed according to the Program Guidelines. I have attached receipts to prove that the grantee is due \$\_\_\_\_\_ of cost-share reimbursement.

Extension Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application #: \_\_\_\_\_ Order Received \_\_\_\_\_ Date Received: \_\_\_\_\_