

CARES Agriculture Adaptability and Recovery Program Application

Administration Division



Applicant Information

Business Legal Name:

Address:

Contact Name:

Email:

Phone Number:

County:

Federal Tax ID#:

Vendor # (if applicable):

(See RFA for information on Vendor numbers.)

Instructions

Complete the questions below and any applicable forms in the packet. Confirm all needed attachments are collected/completed, then sign application ([digitally](#) or with physical signature captured in photo), and submit all information to NVtrade@agri.nv.gov.

1. Estimated peak number of employees the business anticipates between now and December 30, 2020:
2. Select all the financial assistance categories being requested in this application:

Agribusiness COVID-19 relief assistance

- Complete and attach Form A of this application packet
- Attach all applicable documentation and justification

Housing assistance for farmworker safety

- Complete and attach Form B of this application packet
- Attach receipts

New farmers market event permit fee reimbursement

- Attach receipt for event permit from local jurisdiction
- Attach Farmers Market information (1-2 page document outlining name, location, dates and times, list of food vendors with Nevada companies highlighted to demonstrate the minimum 51% Nevada produced threshold is met, website/social media page as applicable. Include a paragraph addressing how the market came into existence in response to COVID-19.)

Supplies and equipment to safely operate during COVID-19 reimbursement

- Attach receipts
 - Attach justification (1-2 page document with brief descriptions for each item submitted for reimbursement and how it is being utilized in your business and allows you to safely operate during the pandemic.)
3. Provide the following required attachment in addition to those outlined for each specific assistance category.
- Copy of previous year's IRS W-9 Form: Request for Taxpayer Identification Number and Certification

By signing, applicant acknowledges that they will be responsible for returning funds issued if false information is reported and/or if submitting claims that were not in response to COVID-19.

Requestor name and title:

Requestor Signature

Date

Form A: Agribusiness COVID-19 relief assistance

Business Legal Name:

Small Business Eligibility

NAICS code:

Employee calculation:

Annual receipts:

NAICS U.S. industry title:

Disclosure of other state or federal assistance related to COVID-19 public health emergency

Applied for Paycheck Protection Program? Yes No

Received Paycheck Protection Program funds? Yes No If YES, amount received: \$

Applied for Coronavirus Food Assistance Program? Yes No

Received Coronavirus Food Assistance Program funds? Yes No

IF YES, amount received: \$

Please list any other COVID-19 related assistance program you applied for and indicate if you received funds:

Program:

Received Y/N:

Form A (continued): Agribusiness COVID-19 relief assistance

Business Legal Name:

Expense Narrative

Briefly describe specific activities performed, and related COVID-19 costs being submitted.
 Note: If additional expense rows are needed, you may recreate the table in a separate document titled “Expense Narrative” and attach to the application. Type into the section below “see attachment”

| Brief description of eligible expenditure activities | Actual Amount | Description of attached documentation to validate expense (Example: file name and brief explanation of document content) |
|--|---------------|--|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| Subtotal | \$ | |

To assist in determining eligibility under the Coronavirus Relief Fund:

- Have you declared bankruptcy in the last year? Yes No
 IF YES, attach complete explanation to application.
- Are you declaring bankruptcy in the next 90 days? Yes No

Form B: Housing Assistance

Business Legal Name:

1. Describe the change in housing capacity due to COVID-19.
 - How many on-farm occupancy units did you provide pre-COVID 19?
 - How many TOTAL occupancy units needed modification or alternative housing as a result of COVID-19?
 - Number of occupancy units needing modification:
 - Number of occupancy units needing to be provided alternative housing:
2. Select all specific housing assistance being requested in this application:

Temporary Modifications to On-Farm Housing: Temporary modifications to on-farm housing, including existing or temporary housing.

- Number of occupancy units to result from the modifications:
- Describe the modifications made to reduce the spread of COVID-19 and how the expenses being submitted supported those efforts:

Temporary On-Farm Alternative Housing: Temporary on-farm alternative housing (e.g. modular office units, trailers, RVs, tents, etc.) needed to reduced occupancy levels in helping reduce the spread of COVID-19.

- Number of occupancy units to result from the temporary on-farm alternative housing:
- Duration of temporary on-farm alternative housing need:
- Description of temporary on-farm alternative housing provided. Include vendor name, address, and phone number, if applicable:

Form B (Continued): Housing Assistance

Business Legal Name:

Hotel/Motel Assistance: Hotel or motel housing for farmworkers to lower occupancy levels of on-farm housing in helping reduce the spread of COVID-19.

- Number of occupancy units to result from hotel/motel:
- Duration of hotel/motel need:
- Name, address, and phone number of hotel/motel: