

Missouri Department of Agriculture  
MISSOURI AGRICULTURAL AND SMALL BUSINESS  
DEVELOPMENT AUTHORITY

DAIRY PRODUCER MARGIN INSURANCE  
PREMIUM ASSISTANCE PROGRAM

**PROGRAM GUIDELINES AND PROCEDURES**

(Note: This document refers to the USDA/FSA  
Margin Protection Program (MPP) for Dairy Producers)  
*Premiums for calendar years 2015, 2016, and 2017*

Legal Authorization: Chapter 261.280 RSMo Missouri Dairy Revitalization Act of 2015

**A. Description and Purpose**

The Missouri Dairy Revitalization Act of 2015 authorized the Missouri Department of Agriculture (MDA) to establish and administer, through the Missouri Agricultural and Small Business Development Authority (MASBDA), a dairy producer margin insurance premium assistance program. The program is available to dairy producers who participate in the federal margin protection program for dairy producers (MPP-Dairy) as contained in the federal Agricultural Act of 2014 ("The Farm Bill").

**B. Definitions and Terms**

**Application Deadline** - For the 2015, 2016, and 2017 calendar years Margin Protection Program for Dairy Producers (MPP-Dairy) premiums, completed application, application fee, and supporting documentation must be received by 5:00 p.m. on Wednesday, February 28, 2018. Applications can be mailed or delivered. Late applications will not be accepted.

**Eligible Dairy Producer** - The authorized representative (must match name of representative on the USDA Form CCC-782 of a dairy operation located in Missouri who provides proof of fully paid participation in the federal Margin Protection Program for Dairy Producers (MPP-Dairy).

**Federal Premium** - Amount paid to the USDA for participation in the Dairy Margin Protection Program (MPP-Dairy), on an annual basis.

**Margin Protection Program** - The federal Margin Protection Program for Dairy (MPP-Dairy) contained in the federal Agricultural Act of 2014 ("The Farm Bill").

**Margin Protection Premium Reimbursement Rate** – The Missouri Dairy Revitalization Act authorizes

seventy percent (70%) of the federal premium payment, up to a maximum premium reimbursement rate of thirty-four cents per hundredweight of milk, as certified on USDA Form CCC-782. ***However, If total eligible application amounts exceed cash availability, premium reimbursements to producers will be pro-rated by total available funding to the program.***

**Pounds of Production** - Producer's production history measured in pounds for the dairy operation, as certified on USDA Form CCC-782 (Box 15).

**USDA/FSA** – United States Department of Agriculture Farm Service Agency is the federal agency that administers the Margin Protection Program for Dairy Producers (MPP-Dairy).

### **C. Eligibility Qualifications**

Applicants must:

- Be the authorized representative of a dairy operation located in Missouri at the time of application.
- Provide documentation of participation and full premium payment in the USDA's MPP-Dairy for each year requesting reimbursement.
- Provide proof of U.S. citizenship or legal residence

A new "start-up" dairy is eligible for reimbursement if the confirmation letter from the USDA Administrative County confirming the coverage dates and amount of payment is attached to the application.

A dairy producer who ceased milking during 2015, 2016, or 2017, yet was enrolled in the MPP-Dairy program with the premium paid in full on a pro-rata basis for the coverage year, is eligible for reimbursement if the confirmation letter from the USDA Administrative County confirming the coverage dates and amount of payment is attached to the application.

One premium reimbursement payment will be made per dairy operation. If the dairy operation has multiple shareholders (as noted on the USDA Form CCC-782), it is the responsibility of the applicant to distribute the reimbursement payment accordingly among shareholders.

The USDA Farm Service Agency (FSA) administrative fee of \$100 is not eligible for the premium reimbursement.

MASBDA reserves the right to ask the applicant, or FSA, for additional information necessary to ensure program eligibility.

### **D. Application Process**

The following documents must be received by the deadline of 5:00 p.m. Wednesday, February 28, 2018:

1. **Completed application form** - provided by MASBDA
2. **Copy of completed USDA CCC-782** documenting the annual premium coverage elected for

each coverage year for which reimbursement is requested, signed by both producer(s) and USDA/FSA administrative office.

3. **Copy of the FSA National Receipts & Receivables System (NRRS) Receipt(s)** which confirm full payment of each applicable premium for the coverage year, or equivalent documentation from FSA which verifies full payment.
4. **Application fee** made payable to MASBDA.
5. **Completed State of Missouri Vendor Input Form (available with application).** The premium reimbursement payments will be made by the State of Missouri. Any person or business being paid by the State of Missouri is considered a "vendor."

The name, taxpayer id, mailing address, and telephone number must match the information provided on the application form. Signatures are required in two places (at black "X" and at the bottom of the form). **Return this form directly to MASBDA with the rest of the required application information!**

Reimbursement payments will be made by check, unless the bank information (and signature of bank representative) is completed on the Vendor Input Form authorizing the State of Missouri to deposit the reimbursement directly into the producer's bank account.

6. **Documentation the applicant is a U.S. citizen, permanent resident of the U.S., or is lawfully present in the U.S.** such as:
  - Copy of a valid Missouri driver's license
  - U.S. birth certificate
  - U.S. Passport (valid or expired)
  - U.S. Certificate of Citizenship, Naturalization, or Birth Abroad or
  - Any other document issued by the federal government affirming legal residence.

Upon receipt of completed reimbursement application, proof of MPP-Dairy program enrollment, proof of full premium payments, application fee, and all other supporting documentation listed above, the eligible reimbursement amount will be presented for payment from the Missouri Dairy Industry Revitalization Fund.

<b>E. Fee</b>
---------------

A non-refundable administrative application fee payable to MASBDA must accompany the completed application. The application fee is:

- a. \$25 if requesting reimbursement for one year MPP-Dairy premium
- b. \$50 if requesting reimbursement for two years' MPP-Dairy premium
- c. \$75 if requesting reimbursement for three years' MPP-Dairy premium

<b>G. Calculation of Reimbursement</b>
----------------------------------------

***Funding is subject to cash availability. If total eligible application amounts exceed cash availability and current appropriation authority, premium reimbursement payments to producers will be pro-rated by total available funding to the program. All payments will be final.***

## **H. Submission of Information**

**Applications and attachments must be received by:**

**5:00 p.m., Wednesday, February 28, 2018**

Applications may be mailed or delivered to:

Missouri Agricultural and Small Business Development Authority (MASBDA)

P.O. Box 630

1616 Missouri Blvd.

Jefferson City, MO 65102-0630

Telephone: (573) 751-2129

Fax: (573) 522-2416

E-mail: [masbda@mda.mo.gov](mailto:masbda@mda.mo.gov)

Web site: [agriculture.mo.gov](http://agriculture.mo.gov)



## MISSOURI DEPARTMENT OF AGRICULTURE

MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY (MASBDA)

**DAIRY PRODUCER MARGIN INSURANCE PREMIUM ASSISTANCE PROGRAM APPLICATION***Eligible Years: Calendar Years 2015-2017 USDA Margin Protection Program (MPP-Dairy) Premium***SECTION 1 - APPLICANT(S) INFORMATION**

NAME OF DAIRY OPERATION (MUST MATCH NAME IN BOX 6 OF USDA CCC-782 MARGIN PROTECTION PROGRAM ANNUAL COVERAGE ELECTION FORM)

PHONE NUMBER	CELL PHONE NUMBER	NAME OF CONTACT		
E-MAIL ADDRESS	COUNTY	USDA ADMINISTRATION COUNTY (IF DIFFERENT THAN PHYSICAL LOCATION)		
ADDRESS	CITY	STATE	ZIP CODE	
TAXPAYER ID NUMBER	TAXPAYER ID TYPE (CHECK ONE) <input type="checkbox"/> SSN (Social Security Number) <input type="checkbox"/> FEIN (Federal Employer Identification Number)			

**SECTION 2 - MARGIN INSURANCE INFORMATION**

2015 PREMIUM AMOUNT PAID* \$	*Maximum reimbursement rate will not exceed 70% of annual premium paid, up to a maximum reimbursement rate of thirty-four (34) cents per hundredweight of milk as shown on USDA CCC 782.  *If total eligible application amounts exceed cash availability, premium reimbursements <b>will be pro-rated by total available funding to the program.</b>
2016 PREMIUM AMOUNT PAID* \$	
2017 PREMIUM AMOUNT PAID* \$	
(Must match amount on USDA CCC 782, Box 16)	

**SECTION 3 - REQUIRED INFORMATION**

This Application must include:

1. Copy of completed and signed USDA CCC-782 for each year requesting reimbursement (must be signed by both producer and USDA)
2. Copy of USDA Farm Service Agency NRRS Receipt Details for each year requesting reimbursement
3. Completed State of Missouri Vendor Input Form (attached)
4. Copy of valid Missouri Drivers License or other approved form of identification to certify legal citizenship status
5. Application fee - made payable to MASBDA  
\$25 – if requesting reimbursement for one year MPP-Dairy premium  
\$50 – if requesting reimbursement for two years' MPP - Dairy premium  
\$75 – if requesting reimbursement for three years' MPP - Dairy premium

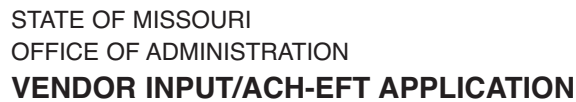
**SECTION 4 - CERTIFICATION OF INFORMATION**

1. I am citizen of the United States, or permanent resident of the United States, or lawfully present in the United States.  
☐ Yes ☐ No
2. The dairy operation is located within the State of Missouri.  
☐ Yes ☐ No
3. I have provided all required documents (as listed above and in the accompanying Dairy Producer Margin Insurance Premium Assistance Program Guidelines and Procedures.)  
☐ Yes ☐ No
4. I understand one premium reimbursement payment will be made per dairy operation. If the dairy operation has multiple shareholders (as noted on the USDA CCC-782), it is the responsibility of the applicant to distribute the reimbursement payment accordingly among shareholders.  
☐ Yes ☐ No
5. I understand funding is subject to cash availability and current appropriation authority. If eligible application amounts exceed cash availability and current appropriation authority, reimbursement payments will be pro-rated by total available funding to the program.  
☐ Yes ☐ No

**SECTION 5 - SIGNATURE(S)**

I authorize USDA Farm Service Agency to release evidence of payment of the MPP-Dairy premium for 2015 through 2017 years for my dairy operation listed in Section 1 to the Missouri Department of Agriculture (MASBDA), if needed to verify any information for program eligibility. This authorization expires \_\_\_\_\_.

NAME	SIGNATURE	DATE
I (We) hereby certify, subject to penalties of perjury that all information I (we) have supplied is truthful and complete, and I am an authorized legal representative of the Dairy Operation.		
SIGNATURE		DATE



*NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN		*FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER	
		*TYPE OF ENTITY <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Individual <input type="checkbox"/> State Employee <input type="checkbox"/> Other _____	
		DATE OF CHANGE	
REMIT TO NAME/ADDRESS IF DIFFERENT THAN ABOVE		PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER	
		PREVIOUS NAME	
		PREVIOUS ADDRESS	
PURCHASE ORDER NAME/ADDRESS IF DIFFERENT THAN ABOVE		COMMENTS	
TO BE COMPLETED BY FINANCIAL INSTITUTION		<input type="checkbox"/> I (We) hereby authorize the State of Missouri, to initiate credit entries to my (our) account at the depository financial institution named and to credit the same such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.  This authorization is to remain in full force and effect until the State of Missouri, Office of Administration, has received written notification from me (us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.	
NAME/ADDRESS OF FINANCIAL INSTITUTION			
		<input type="checkbox"/> I (We) hereby cancel my (our) ACH/EFT authorization.	
DEPOSITOR ROUTING NUMBER			
DEPOSITOR ACCOUNT NUMBER		*VENDOR SIGNATURE	
NAME ON ACCOUNT		X	
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		*PRINT NAME	
SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION		*TITLE	
PRINT NAME		EMAIL ADDRESS	
TITLE			
TELEPHONE NUMBER		*TELEPHONE	*DATE
DATE			
CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS) Under penalties of perjury, I certify that: I. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), <b>and</b> II. I am not subject to backup withholding because: <b>(a)</b> I am exempt from backup withholding, or <b>(b)</b> I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or <b>(c)</b> the IRS has notified me that I am no longer subject to backup withholding, <b>and</b> III. I am a U.S. person (including a U.S. resident alien). <b>Certification instructions.</b> You must cross out item II above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For all real estate transactions, item II does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See W-9 Instructions on irs.gov website for more information.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.			
SIGNATURE			

**VENDOR INPUT FORM INSTRUCTIONS**

The purpose of this form is to add a vendor record or to make changes to a vendor record. A vendor is a person or business being paid by the State of Missouri.

**THESE FIELDS ARE REQUIRED TO BE COMPLETED FOR ALL CIRCUMSTANCES. (SHADED FIELDS)**

- Enter NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN.
- Enter the FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER that is used for income taxes for the name entered.
- Check the correct TYPE OF ENTITY.
- Signature is required at VENDOR SIGNATURE along with PRINT NAME, TITLE, TELEPHONE, and DATE.

**CONDITIONAL FIELDS**

- If payments are to be sent to a different address, enter a REMIT TO NAME/ADDRESS.
- If purchase orders are to be sent to a different address, enter a PURCHASE ORDER NAME/ADDRESS.
- If you are making a change to your vendor record, fill out these additional fields:
  - DATE OF CHANGE is the effective date of the change in business structure/activity
  - PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER
  - PREVIOUS NAME
  - PREVIOUS ADDRESS
  - COMMENTS are for additional information that may be helpful including reason for the change.

**TO SET UP OR TO CHANGE DIRECT DEPOSIT INFORMATION, FILL IN THE FOLLOWING, INCLUDING THE REQUIRED FIELDS FROM ABOVE.**

- NAME/ADDRESS OF FINANCIAL INSTITUTION where you want the money to be deposited. A representative from the financial institution must complete and sign this section.
- Check appropriate box for electronic deposits.
- If changing bank account information, fill in DATE OF CHANGE.

**CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)**

This certifies that the Taxpayer Identification Number (TIN) on this form is the correct number and whether backup withholding applies.

Fax to (573) 526-9813 or mail to Office of Administration/Accounting, PO Box 809, Jefferson City, MO 65102.