

# Vermont COVID-19 Agriculture Assistance Program Application Guide for Dairy Producers and Dairy Processors

## Introduction (What is this document?)

This document provides information about how to apply for a Vermont COVID-19 Agriculture Assistance Program (VCAAP) payment through Vermont Agency of Agriculture, Food and Markets (VAAFM). This application is for businesses in the dairy sector, including both producers and processors. There will be a separate application for businesses operating in other sectors of agriculture. For a definition of dairy producers, dairy processors, and to learn if you are eligible to apply for a payment, read the VCAAP [Dairy Application Summary Sheet](#).

## Summary of Steps

1. Register your business as system user
2. Determine your eligibility
3. Provide contact information
4. Provide economic harm information
5. Review your application
6. Certify and submit your application

## GET READY

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Before you begin, you will need the following documents or information to complete your application:

- a) Your Unique Dairy ID Number. You should have received this number in an email or letter from VAAFM the week of July 13, 2020.
- b) Tax information from your W-9 form
- c) The amount of previous funding you have received to cover business interruptions due to COVID-19, if you have received any
- d) Documents that demonstrate the specific COVID-19-related loss(es) and/or expense(s) for which you are applying for payment
- e) Milk price payments for January and March to the most recent month of 2020

## STEP 1: REGISTER AS A SYSTEM USER

To register in the online system before beginning an application, visit <https://vermont.force.com/economicrecovery/s/ag-register>.

You will arrive at the registration page. Read and acknowledge the program terms and eligibility criteria. You will then be prompted to complete registration.

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### Agriculture Registration Form

 For best performance of this application, please use the latest version of Chrome, Firefox, or Safari (on Mac OS).

Dear Dairy Farmer or Dairy Processor,

The Agency of Agriculture, Food and Markets regrets the difficulties you have been experiencing and sincerely hope this grant program will be of significant value to your important dairy operation during this challenging public health emergency. All applications are due no later than October 1, 2020 and cannot be accepted after that date.

We think it important that you understand the purposes and eligibility requirements for these grants.

- First, to be eligible, you must have experienced economic harm related to the COVID-19 public health emergency from March 1, 2020 through December 30, 2020. Economic harm is defined as a milk producer's or dairy processor's expenses, lost revenue, or both, related to the 2020 COVID-19 public health emergency. Your maximum grant is dependent upon your farm or processing size. We want to provide the highest level of aid possible. To be compensable, all losses and expenses have to be documented and demonstrated.
- Second, the funds must be used in accordance with federal and State law. The Coronavirus Relief Fund (CRF) was created on March 27, 2020 as part of the Federal CARES Act. It was enacted in Section 5001 of Pub. L. 116-136, and the United States Treasury Department published related guidance on April 22, 2020, and an updated FAQ on June 24, 2020. The State law that enables this grant package using CRF funds is known as S.351 and was enacted as Act 138.

If you receive grant funds, it is your responsibility to use those funds as required by federal and State law. Fundamentally, the grant funds must be used for necessary expenditures incurred from March 1, 2020 through December 30, 2020 due to the COVID-19 public health emergency. You must also document your use of the grant funds and maintain those records for at least 3 years.

- Third, to be eligible, you either had to be a dairy farmer or dairy processor on March 1, 2020 and need to be currently producing or processing milk. Dairy farmers who went out of business after March 1, 2020 are eligible for a grant if they plan to restart their dairy business operation or produce another agricultural commodity. In addition,

Thank you for all you do.

\* Do you understand the above description and agree to comply with the described terms?

- Yes  
 No

\* Were you producing milk as a dairy farmer or processing milk as a dairy processor and known to the Agency of Agriculture, Food & Markets on March 1, 2020?

- Yes  
 No

## Register as a System User

Enter your unique farmer/processor ID number. Then complete the user registration form.

**Note:** Your User Name will automatically be your email address (e.g., [abc@xyz.com](mailto:abc@xyz.com)). However, if you have applied for other State Coronavirus Relief Funds (e.g., Vermont Economic Recovery Grant) using this email address, your User Name will be automatically adjusted.

**Note:** Your Password must be greater than 10 characters and contain a letter, a number, and at least one special character.

**Before you apply, you need to register here:**

**Search Farmer/Processor ID Number**

**Company**

I am a technical assistance provider submitting this application on behalf of a Vermont business owner

**User Registration**

\* First Name

\* Last Name

\* Title

\* Role

\* Email

\* Phone

\* User Name

\* Password

\* Confirm Password

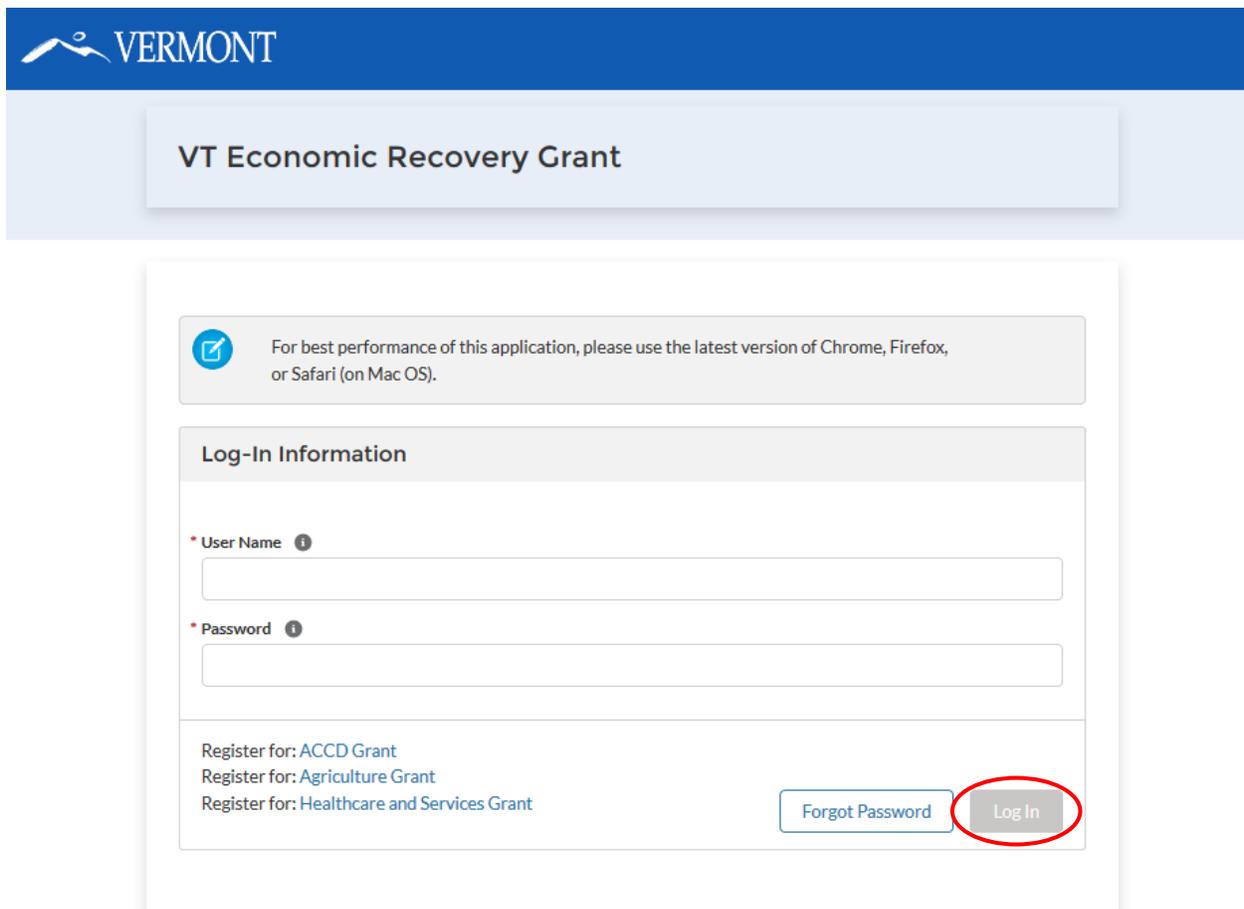
**Register**

When you have registered, you will see the dashboard, where you can begin an application (see *next page*).



The screenshot shows the top navigation bar with the Vermont logo and the text 'Welcome, Jasper Farmer Logout'. Below this is a section titled 'Application' with a '+ New Application' button. A dark grey bar contains the text 'Welcome'. Below that is a table header with the following columns: APPLICATION NUMBER, BUSINESS NAME, TYPE, STATUS, SUBMITTED DATE, and ACTION.

From this point forward, you can log out of the system anytime and log in again using your user name (email address) and password using this link: <https://vermont.force.com/economicrecovery/s/login>.

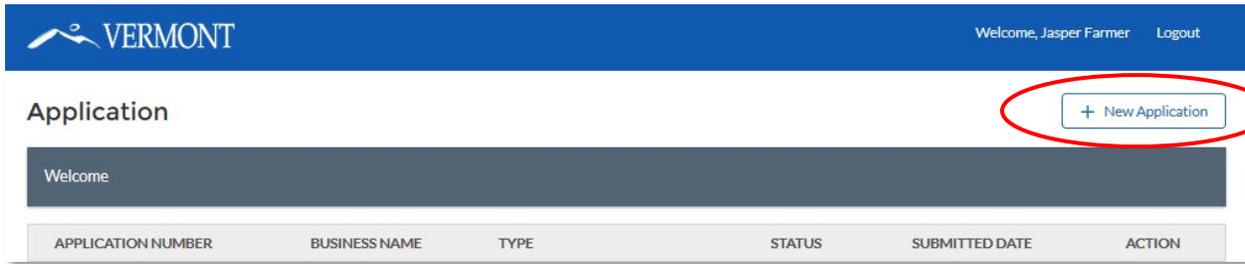


The screenshot shows the 'VT Economic Recovery Grant' login page. It features a blue header with the Vermont logo. Below the header is a light blue box with the title 'VT Economic Recovery Grant'. A message box states: 'For best performance of this application, please use the latest version of Chrome, Firefox, or Safari (on Mac OS)'. The 'Log-In Information' section contains two input fields: 'User Name' and 'Password', both with red asterisks and information icons. Below the input fields are three links: 'Register for: ACCD Grant', 'Register for: Agriculture Grant', and 'Register for: Healthcare and Services Grant'. At the bottom right, there are two buttons: 'Forgot Password' and 'Log In', with the 'Log In' button circled in red.

**Note:** Do not register twice. Once you begin an application, it will be saved under your original login information.

## Start an Application

To begin an application, in the dashboard, click the “+ New Application” button.



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Welcome, Jasper Farmer Logout

Application

+ New Application

Welcome

| APPLICATION NUMBER | BUSINESS NAME | TYPE | STATUS | SUBMITTED DATE | ACTION |
|--------------------|---------------|------|--------|----------------|--------|
|--------------------|---------------|------|--------|----------------|--------|

Select the application for **Dairy Processor** or **Dairy Producer**:



### Create New Application

**ACCD ECONOMIC RECOVERY GRANT APPLICATION**  
Administered through Agency of Commerce and Community Development, these grant programs are open to all businesses in Vermont who can demonstrate revenue loss. Agriculture, forestry, healthcare, childcare, summer camps, after school programs, and government entities should refer to their sector specific program(s) first.

**HEALTH CARE PROVIDER STABILIZATION GRANT**  
Administered through the Agency of Human Services, this grant program is only open to eligible healthcare providers.

**DAIRY PROCESSOR APPLICATION**  
Administered through the Agency of Agriculture, Food and Markets, this program is only open to eligible value-added dairy processors who are licensed with AAFM to manufacture and sell cow, goat, and sheep dairy products.

**DAIRY PRODUCER APPLICATION**  
Administered through the Agency of Agriculture, Food and Markets, this program is only open to eligible cow, goat, and sheep dairy farmers who are licensed with AAFM as one or more of the following: Certified Small Farm Operation; Small Farm Operation; Medium Farm Operation; or, Large Farm Operation.

Close

After selecting an application type, you will see a list of application pages. Use the navigation steps on the left to keep track of where you are in the application process.

**Applicant Information:** If your completed W-9 form was previously sent to AAFM and all information was correct, this section will auto-populate with your business information. If your W-9 form was not previously sent or was partially incorrect, you will need to enter some information in this section AND will need to upload a completed, ink-signed W-9 form where prompted on this page.

Hover your mouse over the “i” icon to learn more about a required information field.

## STEP 2: DETERMINE YOUR ELIGIBILITY

Complete all questions regarding Dairy Producer or Dairy Processor eligibility.

Eligibility Information

### Dairy Producer Eligibility

\* Do you have an active enforcement violation that reached a final order with the Agency of Agriculture, Food & Markets (AAF&M) or with the Agency of Natural Resources (ANR)?  
 Yes  No

\* Do you currently have a grant agreement or contract with AAF&M and/or ANR?  
 Yes  No

\* Since March 1, 2020, have you experienced any expenses, lost revenues, or both related to the business interruption caused by the COVID-19 public health emergency?  
 Yes  No

\* Did your COVID-related financial losses and expenses exceed your related insurance coverage plus any funding you may have applied for through other federal programs or federal and state grants?  
 Yes  No

\* Did you apply for and receive funding from any other State COVID-19 recovery program?  
 Yes  No

\* Are you currently producing milk as a dairy farmer?  
 Yes  No

\* Did your milk price decline at any point starting with March 1, 2020 as compared to the milk price you received in January 2020?  
 Yes  No

\* Do you have multiple farm locations under the same permit?  
 Yes  No

[Back to Dashboard](#) [Back](#) [Next](#)

If you are not eligible based on your responses, you will see the message below and will be unable to proceed with the application. To search for other opportunities and resources for your business, visit <https://agriculture.vermont.gov/covid-19-information>.

Unfortunately, based on your response to this question, your business does not currently qualify for Vermont COVID-19 Agriculture Assistance Program Dairy Program funding. For more information please see [agriculture.vermont.gov](https://agriculture.vermont.gov).

If you are a dairy producer, select “Add Farm”, then enter your milk price for January 2020 (if other than \$18.13, upload a milk check to show January price). Then, enter your milk pay price and volume of milk produced for each month you are claiming payment for a loss, beginning in March 2020 and ending with the most recent milk payment received at the time of completing this application. You are required to upload end of month/final milk checks for each selected month.

If you are operating multiple farm locations under one permit, you will enter the milk price and volume information for one location, then click “Add Farm” again to enter this information for the next farm location. Repeat until all farm locations and their milk information have been entered.

Farm Details

### Farm Details

| Name | Action |
|------|--------|
|------|--------|

[Add Farm](#)

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Farm Detail

\* What federal blend or pay price did you receive in January 2020?  
 18.13  Other

Please indicate the price and volume of the milk you produced and upload supporting documentation for the following months

| Selected                            | Month     | Federal Blend/Pay Price | Total Pounds of Milk | Milk Check or Invoice                      |
|-------------------------------------|-----------|-------------------------|----------------------|--|
| <input checked="" type="checkbox"/> | March     | <input type="text"/>    | <input type="text"/> | <a href="#">Upload Files</a> Or drop files |
| <input type="checkbox"/>            | April     |                         |                      |  |
| <input type="checkbox"/>            | May       |                         |                      |  |
| <input type="checkbox"/>            | June      |                         |                      |  |
| <input type="checkbox"/>            | July      |                         |                      |  |
| <input type="checkbox"/>            | August    |                         |                      |  |
| <input type="checkbox"/>            | September |                         |                      |  |

\* Did you apply for funding through USDA's CFAP program?  
 Yes  No

[Cancel](#) [Save](#)

If you are a dairy processor, upload files that provide a comparison of manufactured milk volume for the months you are claiming a loss. You may also drag and drop files directly from your computer files/desktop.

Please provide a comparison of manufactured volume of milk from March, April, May, June, July, August, and September (or provide the latest records you have). Provide records, make sheets, and/or a profit and loss statement that shows the difference from the same time period between 2019 to 2020. 

| Selected                            | Month     | 2019 Document Upload   | 2020 Document Upload  |
|-------------------------------------|-----------|--|---|
| <input checked="" type="checkbox"/> | March     |  Upload Files Or drop files |  Upload Files Or drop files |
| <input type="checkbox"/>            | April     |  |   |
| <input type="checkbox"/>            | May       |  |   |
| <input type="checkbox"/>            | June      |  |   |
| <input type="checkbox"/>            | July      |  |   |
| <input type="checkbox"/>            | August    |  |   |
| <input type="checkbox"/>            | September |  |   |

If you are a dairy processor, upload documents that show changes in sales of processed product(s) from year-to-year as a result of COVID-19, if this applies to your business:

\* Did you experience any year to year changes in sales in processed product related to the public health emergency:  
 Yes  No

please expand and provide more information on your change in sales: 

| Selected                            | Month     | Pre-Covid Sales      | Covid Sales          | Upload Document  |
|-------------------------------------|-----------|----------------------|----------------------|--|
| <input checked="" type="checkbox"/> | March     | <input type="text"/> | <input type="text"/> |  Upload Files Or drop files |
| <input type="checkbox"/>            | April     |                      |                      |  |
| <input type="checkbox"/>            | May       |                      |                      |  |
| <input type="checkbox"/>            | June      |                      |                      |  |
| <input type="checkbox"/>            | July      |                      |                      |  |
| <input type="checkbox"/>            | August    |                      |                      |  |
| <input type="checkbox"/>            | September |                      |                      |  |

\* Please provide an explanation in the change in sales

### STEP 3: PROVIDE CONTACT INFORMATION

If necessary, add contact information for any additional individual(s) who should be involved this application. The primary contact should already appear in the Contact Information list. You can add additional people by clicking the “Add Contact” button.

Please note that only the primary contact will receive communications about the application. The other contacts may access the application but will not receive any emails about it.

Please enter additional business contacts below for review along with your application. Please note only the user submitting this application will be the primary contact and receive all communications regarding application status and eligibility

#### Contact Information

[Add Contact](#)

| Name          | Role  | Email                     | Primary                             | Action |
|---------------|-------|---------------------------|-------------------------------------|--------|
| Jasper Farmer | Other | dianafergusonvt@gmail.com | <input checked="" type="checkbox"/> |        |

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You will see this pop-up screen after selecting “Add Contact”:

#### Contact Information

\* First Name

\* Last Name

\* Title

\* Role

\* Company or Organization

\* Email

\* Phone

[Close](#) [Save Contact](#)

## STEP 4: PROVIDE ECONOMIC HARM INFORMATION

Enter information about other economic harm to your business as a result of COVID-19. This can include any expense or loss not already claimed in previous application sections.

These grants cannot be used to pay for the same losses or expenses that are covered by insurance, by a federal program, or by another State or federal grant. Keeping detailed records of your grant applications, grants, and related expenditures is very important.

### Other Economic Harm

\* Have you experienced any other expenses or lost revenue, or both since March 1, 2020 related to the COVID-19 public health emergency?  
 Yes  No

\* Has your business applied for or received compensation from any other State, federal program, or insurance program for any of the losses or expenses that you claim in this grant application? ⓘ  
 Yes  No

\* Please indicate the amount of funding that would constitute a duplicative payment. ⓘ

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Check the box for each type of expense or loss that applies to your business. For each loss or expense you identify, enter the price, reason for incurring the loss/expense (drop-down menu), a brief description, and upload supporting documentation. This may include paid invoices, receipts, or other proof of payment or loss.

**Example:** Personal protective equipment (PPE)

Personal protective equipment (PPE) because of the public health emergency.

\* Price

\* Documentation  Or drop files

\* Reason for Incurred Loss or Expense  
Increased cost of goods

\* Reason for Incurred Loss or Expense  
Reason for loss

If an item does not fit into the categories provided, add it at the bottom as an “Additional Loss/Expense”.

## STEP 5: REVIEW YOUR APPLICATION

This page will show the full contents of your application. Review your responses to be sure they are correct.

If your responses need adjusting, use the “Back” button at the bottom to return to the previous screen(s), or “Back to Dashboard” to review your application from the beginning.

When your responses are reviewed and complete, click “Next”.

### Application Review

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#### W9/1099 Information

|  |   |   |
|--|---|---|
| Unique Dairy ID<br>50-66   | Business Legal Name<br>Vermont Shepherd LLC   | Doing Business As   |
| NAICS Code   | NAICS Sub-Code  |   |
| Does this business qualify as Minority Owned?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Does this business qualify as Veteran Owned?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Does this business qualify as Women Owned?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Size of the farm/operation<br>Less Than 500 lb/day   | County<br>Addison   |   |

Has your business applied for or received compensation from any other State, federal program, or insurance program for any of the losses or expenses that you claim in this grant application?  
 Yes  No

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## STEP 6: CERTIFY YOUR APPLICATION

Select at least one category of technical assistance you may be interested in receiving. Click the right-facing arrow to add your option(s) to the “Selected” list.

### Certification

\* Are you interested in technical assistance for any of the following categories?

| Available           | Selected  |
|---------------------|-----------|
| Succession Planning | Marketing |
| Financial Health    |           |
| Grant Writing       |           |
| Soil Health         |           |
| Other               |           |

Read the certification statements and attest to them by clicking the boxes. Sign at the bottom by typing your name. Today’s date will be filled into the form with your signature.

Click “Submit”.

I have the authority to request payment from the State of Vermont on behalf of the business submitting this application. I am requesting payment of the grant amount per my responses to this application and as determined by Act 138. This grant will be used to cover costs and lost revenues associated with the Coronavirus Disease 2019 (COVID-19) disaster, in accordance with section 601 of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, div. A, Title V (Mar. 27, 2020) (“section 601”).

I understand that the State of Vermont will rely on this certification as a material representation in making this grant award.

As required by federal law, the proposed uses of the funds provided will only be used to cover costs and provide economic support that—

1. Are necessary costs/lost revenues related to the COVID-19 public health emergency; and
  - a. Relate to necessary costs/lost revenues during the period from March 1, 2020 through December 30, 2020; and
  - b. Are not covered by insurance or other federal grants or federally forgiven loans that the business has received. For additional information on this requirement, see “About Duplication of Benefits” at <https://tax.vermont.gov/covid-19/duplication-of-benefits>.

I agree that the business submitting this application must repay the grant or portion of the grant to the Agency of Agriculture, Food and Markets (AAFM) if:

Any grant funds received are based on incorrect representations made on this application or to the Agency of Agriculture, Food and Markets related to this application;

I understand that all grant funds I receive have to be used in accordance with federal and State law. I certify that I will use all funds for necessary expenditures incurred due to the COVID-19 public health emergency between March 1, 2020 and December 30, 2020. I also certify that I will maintain records demonstrating my proper use of the grant funds for at least three years, or longer as required by State or federal law to enable verification as needed. I also hereby certify that all information I provided is truthful and accurate to the best of my knowledge, information, and belief

\* By typing my name into this box, I hereby agree that this action constitutes my electronic signature

\* Date of Attestation

After submitting, record your application number, then click “Finish”.



You have successfully submitted your Vermont COVID-19 Agriculture Assistance Program application. Your confirmation number is: 000000364.

The Agency is working to process your application as soon as possible. If your application is approved, you should receive a check by US mail within 14 business days of application approval.

Once your application has been processed, you will also receive a letter outlining your award, or you will receive a letter outlining why your application could not be approved.

If you have any questions please email us at [agr.covidresponse@vermont.gov](mailto:agr.covidresponse@vermont.gov) or call 802-828-2430. We will return calls and emails in the order they are received and apologize if you experience high wait times.

For more information and COVID-19 recovery resources, please visit <https://agriculture.vermont.gov/covid-19-information> and <https://accd.vermont.gov/covid-19>.

Finish

After clicking “Finish”, you may review your application by clicking “View”.

Your application will be added to the queue and reviewed by VAAF in the order it was received. A VAAF staff member will reach out to you at the contact information you provided if there are questions about your application. You will be notified of the decision as soon as possible.

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Welcome, Jessica Smith Logout

Application + New Application

Welcome

| APPLICATION NUMBER | BUSINESS NAME            | TYPE                          | STATUS    | SUBMITTED DATE | ACTION               |
|--------------------|--------------------------|-------------------------------|-----------|----------------|----------------------|
| 000000147          | 2nd ACCD Testing Company | ACCD Economic Recovery Grants | Submitted | 2020-07-01     | <a href="#">View</a> |

If you have questions about completing your application after reading the full contents of this guide, please use the chat box on the Vermont COVID-19 Agriculture Assistance Program web page: <https://agriculture.vermont.gov/covid-19-information/vermont-covid-19-agriculture-assistance-program>. If you need further assistance, contact VAAF at [agr.covidresponse@vermont.gov](mailto:agr.covidresponse@vermont.gov) or 802-828-2430, select #9.