

# Vermont COVID-19 Agriculture Assistance Program Application (VCAAP) Guide for Agriculture and Working Lands Applicants

## 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 eligible for Agriculture & Working Lands Assistance. Eligible entities include agriculture businesses, value-added food product businesses, forest products businesses, dairy producers and processors, and agriculture producer associations. For a definition of these business types and to learn if you are eligible to apply for a payment, see the [VCAAP Agriculture and Working Lands Assistance webpage](#).

## Summary of Steps

1. Register and start an application
  - a) Register as a system user, b) Select and begin an Agriculture & Working Lands application, c) Enter tax information
2. Add contact information
3. Provide overall eligibility information
4. Provide business-specific eligibility information
5. Provide revenue information
6. Provide economic harm information
7. Review your application
8. Certify and submit your application

## GET READY


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

- a. Employee/Tax Identification Number (TIN) associated with the business entity applying
- b. Tax information from your business W-9 form
- c. Documentation of gross revenue for the months your business lost revenue due to COVID-19 in 2020 and 2019, for revenue comparison
- d. Documents that demonstrate the specific COVID-19-related loss(es) and/or expense(s) for which you are applying for payment


## STEP 1: REGISTER AND START AN APPLICATION

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 & Working Lands

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

Dear Vermont Business Owner,

The Agency of Agriculture, Food and Markets (AAFM) and the Working Lands Enterprise Board (WLEB) regret the difficulties you have been experiencing and sincerely hope this grant program will be of significant value to your important agricultural, forestry, or food-related business during this challenging public health emergency. All applications are due no later than October 1, 2020 and cannot be accepted after that date.

It is 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 an eligible business's expenses, lost revenue, or both, related to the 2020 COVID-19 public health emergency. Your maximum grant is dependent upon your 2019 annual gross sales. We want to provide the highest level of aid possible. To be compensable, all losses and expenses must 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 (updated on June 30, 2020) and updated its FAQ on July 8, 2020. The State laws that enable this CRF-funded grant program are known as [Act 138](#) (S.351), [Act 137](#) (H.966), and [Act 120](#) (H.961)

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

Yes  
 No

\* Are you an agricultural, food, wood products, or forest business as defined in applicant eligibility guidelines ([See website for specific details](#))

Yes  
 No

## A. Register as a System User

Complete the user registration form.

If you cannot locate your Employer ID Number, click the “[Add Company](#)” link and complete the pop-up form to add your business.

**Note:** Your User Name will automatically be your email address (e.g., [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.

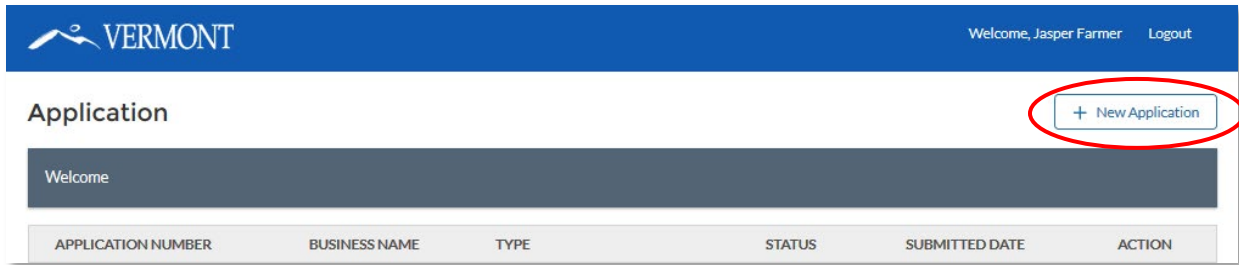
**Before you apply, you need to register here: If you have already registered please [Login](#)**

<b>Search Vermont Employer ID Number</b>	<b>Company</b>
<input type="text"/>	<input type="text"/>
<a href="#">Can't find your EIN? Add Company</a>	

**Applicant User Registration**

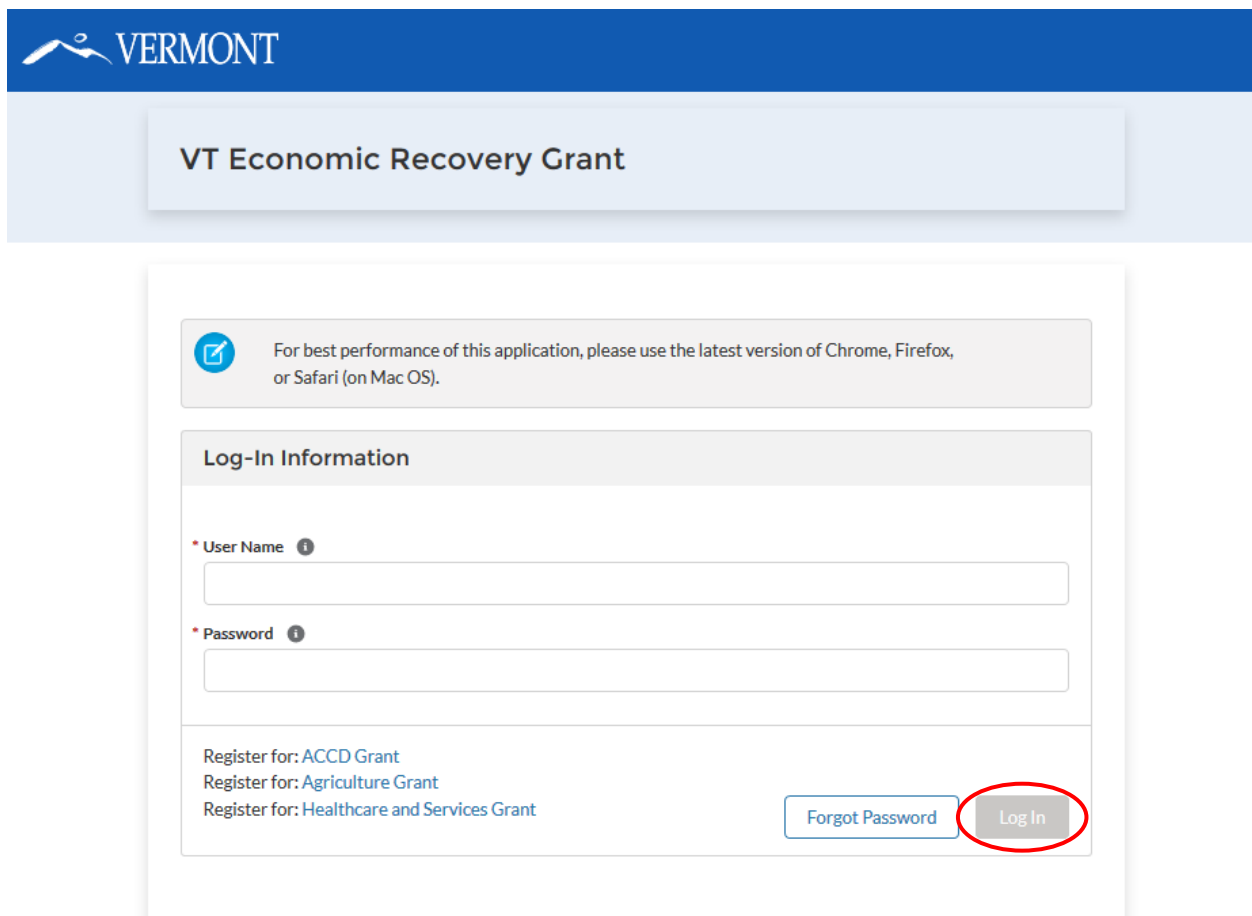
<b>* First Name</b>	<b>* Last Name</b>
<input type="text"/>	<input type="text"/>
<b>* Title</b>	<b>* Role</b>
<input type="text"/>	<input type="text" value="Select Role"/>
<b>* Email</b>	<b>* Phone</b>
<input type="text"/>	<input type="text"/>
<b>* User Name</b> ⓘ	<b>* Password</b> ⓘ
<input type="text"/>	<input type="text"/>
	Complete this field.
<b>* Confirm Password</b>	
<input type="text"/>	

When you have completed registration, you will see the dashboard, where you can begin a new application (see next page).



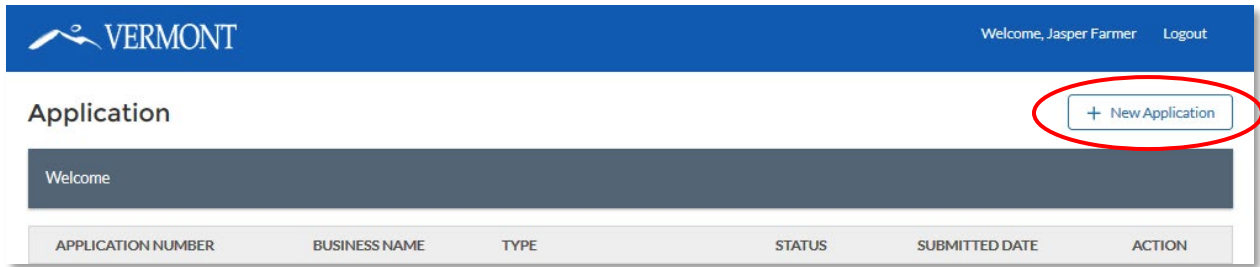
From this point forward, you can log out of the system anytime and log in again using your user name and password using this link: <https://vermont.force.com/economicrecovery/s/login>.

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

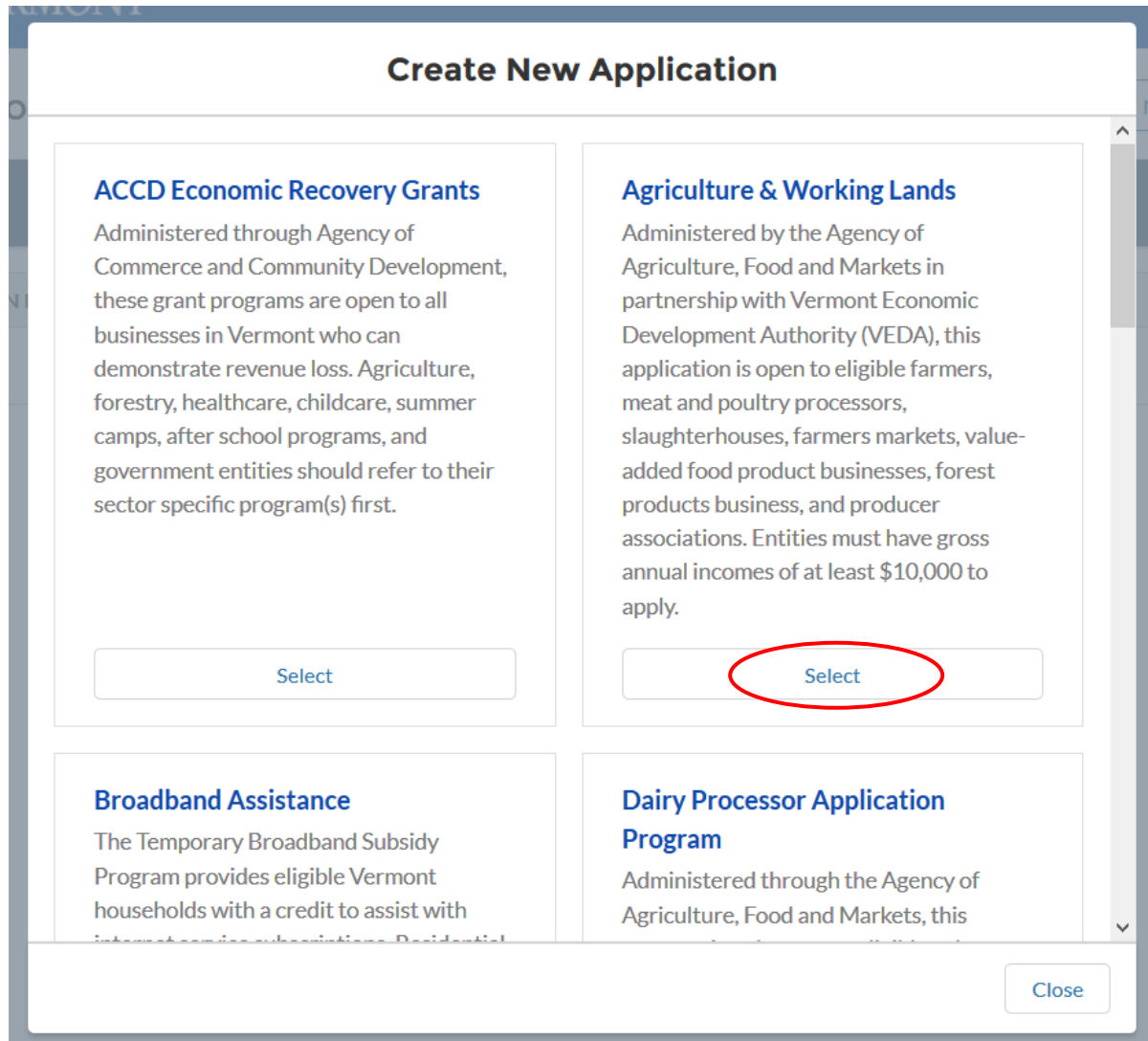


## B. Start an Application

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



Select the **Agriculture & Working Lands** application.



After selecting the application, 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.

### C. Enter Tax Information

Enter your business tax information consistent with the way it appears on your W-9 form. (A W-9 form upload is NOT required for this application.)

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

## STEP 2: PROVIDE CONTACT INFORMATION

If necessary, add contact information for any additional individual(s) who should be involved in 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

Name	Role	Email	Primary	Action
Jasper Farmer	Other	dianafergusonvt@gmail.com	<input checked="" type="checkbox"/>	<a href="#">Add Contact</a>

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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](#)

## STEPS 3-4: DETERMINE YOUR ELIGIBILITY

Complete all questions regarding applicant eligibility.

### Eligibility Information

\* Is this business domiciled or has its primary place of business in Vermont?  
 Yes  No

\* 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

\* Are you in compliance with all terms of all current grant agreement(s) or contract(s) you have 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

\* Has your business applied for funding from any other State COVID-19 recovery program? ⓘ  
 Yes  No

\* Did you receive funding from any other State COVID-19 recovery program?  
 Yes  No  Not Yet Known

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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 funding. For more information please see [agriculture.vermont.gov](https://agriculture.vermont.gov).



Select the category that best describes your business from the dropdown menu. Your funding eligibility – and the information you will be asked to provide later in the application – will be based on your business category. (Eligibility is determined by legislative bills passed to provide funding for various business types.)

Bill Eligibility Information

\* Please select the category that best represents your business for which you are claiming significant losses.

Select the Category

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Complete the questions that appear on this page based on your selected business category. This will include 2019 gross annual income range, a 2019 tax return (upload), dates of active business operation, number of W-2 employees, and whether your business is in good standing with the State of Vermont. Other information may be requested that is unique to your business type.

\* Please select the range that best represents your 2019 gross annual revenue from the activities eligible under this application:

25,000-49,999

Tax return from 2019

FIN-Act154\_Cert AAFM ANR compliance.pdf

\* Is this a business or organization, or a subsidiary of a business or organization, or an entity owned by a business or organization, that reported more than \$20,000,000 in total revenue?

Yes  No

\* Was your business open and active before February 15, 2020?

Yes  No

\* At the time of application is your business currently open and in operation?

Yes  No

\* How many W2 employees does your business employ in Vermont?

2

\* Are you currently in Chapter 7 bankruptcy?

Yes  No

\* Is your business in good standing with the Vermont Department of Taxes?

Yes  No

\* Is your business in good standing with the Vermont Secretary of State?

Yes  No

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## STEPS 5-6: PROVIDE REVENUE AND ECONOMIC HARM INFO

If your gross revenue changed due to the COVID-19 public health emergency, select the months in which your revenue changed. Enter sales data from that month in 2019 and 2020, and upload income statements that show the gross revenue for each month.

### Revenue Info

#### Revenue

\* Since March 1st, have you experienced any changes to your gross revenue due to the public health emergency?

Yes  No

Select months in which you have experienced gross revenue changes, upload complete income statements showing that month's 2019 and 2020 gross revenue, and indicate monthly sales for each year.

Selected	Month	2019 Sales	2020 Sales	2019 Document Upload	2020 Document Upload
<input checked="" type="checkbox"/>	March *	<input type="text" value="\$65,350"/>	<input type="text" value="\$41,550"/>	<input type="button" value="Upload Files"/> Or drop files	<input type="button" value="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				

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[Next](#)

Enter information about other economic harm to your business as a result of COVID-19, including losses or expenses your business has incurred since March 1, 2020 (see next page). **Do NOT include losses or expenses that have already been covered by other COVID-19 relief funding sources.**

#### 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. ?

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

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

Have you experienced expenses or lost revenue, or both, in the following categories related to the COVID-19 public health emergency:

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

\* Incurred Cost

\* Upload \* Reason for Incurred Loss or Expense

Or drop files Select Reason for Incurred Loss or Expense ▼

\* Reason for Incurred Loss or Expense

If an item does not fit into the categories provided, add it at the bottom under “Other”. Identify the loss or expense in the “Incurred Cost” box.

Other 1

\* Incurred Cost

\* Upload \* Reason for Incurred Loss or Expense

Or drop files Select Reason for Incurred Loss or Expense ▼

\* Reason for Incurred Loss or Expense

**Note:** The application will not provide a running total of your eligible expenses/losses to be paid. This will be determined during the application review process and communicated if and when your application is approved for funding.

## STEP 7: 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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#### Applicant Information

Enter Vermont Employer Identification Number (EIN) 1234567	I cannot find my company <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Business Legal Name ACCD Test Company 1 Inc.	DBA (Doing Business As) ACCD Test Company 1 DBA

#### Tax Information (principally from your W9)

Please complete the below information based on your Form W9. A sample Form W9 and instructions can be found here <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Name (as shown on income tax return) - Box 1 from W9 Stephanie Field	Business Name \ Disregarded Entity Name \ DBA (Doing Business As) - Box 2 form W9
Federal Tax Classification - Box-3 from W9 Individual/sole proprietor or single member LLC	

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 8: CERTIFY YOUR APPLICATION

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".

### Certification

- I have the authority to request payment from the State of Vermont on behalf of business submitting the application. I am requesting payment of the grant amount per my responses to this application and as determined by ACT 120, 137 and or 138. This grant will be used to cover costs and lost revenues associated with the Coronavirus Disease 2019 (COVID-19) public health emergency, 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:
  - a. Are necessary costs/lost revenues related to the COVID-19 public health emergency; and
  - b. Relate to necessary costs/lost revenues during the period from March 1, 2020 through December 30, 2020; and
  - c. 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; or Any of the losses or expenses underlying this grant award are covered by other federal grants or federally forgiven loans received by the business. See "About Duplication of Benefits" at <https://tax.vermont.gov/covid-19/duplication-of-benefits> for how this will be determined. I agree that the final determination of whether there has been a duplication of benefits will be made by the Agency of Agriculture, Food and Markets.
- 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.

\* Attested by (must be business owner or principal, a US person)

\* Date of Attestation

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Submit

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: 0000000364.

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>.



After clicking “Finish”, you may review your submitted application by clicking “View”. Using this view, you may also print your completed application from your internet browser.

Your application will be added to the queue and reviewed by the Vermont Economic Development Authority (VEDA) in partnership with Vermont Agency of Agriculture, Food and Markets (VAAFM) in the order it was received. A VAAFM staff member will reach out to you at the contact information you provided if there are questions about your application, but they will not be able to inform you of your place within the application queue. You will be notified of the funding 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
0000000147	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 VAAFM at [agr.covidresponse@vermont.gov](mailto:agr.covidresponse@vermont.gov) or 802-828-2430; select #9.