



COMMISSIONER SID MILLER

TEXAS DEPARTMENT OF AGRICULTURE

STATE OF TEXAS AGRICULTURAL RELIEF (STAR) AGRICULTURE DISASTER ASSISTANCE APPLICATION

What is it?

The Texas Department of Agriculture (TDA) is accepting applications for the State of Texas Agriculture Relief (STAR) Fund Disaster Assistance Program (Program). Funding for the Program is available through the STAR Fund established to collect monetary contributions from private individuals and entities to fund disaster recovery efforts. TDA will provide a cost share to qualified agricultural businesses/operations/ranches/farms (applicant) for a specific value determined by TDA (maximum assistance will not exceed \$4,000 per applicant). The Program is designed to provide relief to Texas agricultural entities adversely impacted by natural disasters.

Who is eligible?

An eligible entity is an agriculture business/operation/ranch/farm located in a county declared a disaster by the Texas Governor. Applicants should submit documentation for agricultural related expenses not paid for by insurance or other governmental sources for costs directly related to rebuild from the natural disaster. Applicant must demonstrate that expenses incurred were related to agriculture production and directly caused by the disaster. If an entity/business/operation/ranch/farm is owned by more than one person, only one application may be submitted. An entity/business/operation/ranch/farm is eligible for only one single award every 24 months, regardless of the number of owners.

Agriculture business means - a business that is or proposes to be engaged in producing, processing, marketing, or exporting an agricultural product

Agricultural product means - an agricultural, horticultural, viticultural, or vegetable product, bees, honey, fish or other seafood, planting seed, livestock, a livestock product, a forestry product, poultry, or a poultry product.

Person means one property/entity/owner.

How does it work?

Submitted applications will be reviewed individually and eligibility of expenses will be determined on a case-by-case basis. TDA will provide disaster recovery assist to applicants by reimbursing them 50% of eligible costs up to a maximum value set by TDA. Applicants will be required to show all documentation of the costs paid to determine the STAR Fund assistance amount. (Example: A producer would need to submit documentation for \$2,000 of eligible expenses to receive \$1,000 in reimbursement.) All expenses must be paid by the applicant before a reimbursement will be provided. Verification of the damage caused by the disaster is required prior to TDA disbursing funds. Please include any pictures, certifications or other documentation of the damage.

Deadline

Applications **MUST** be received by close of business 90 business days after the Texas Governor's declaration of disaster for the county in which assistance is sought. Please see TDA's website for a complete listing of eligible counties and deadlines. **LATE APPLICATIONS WILL NOT BE ACCEPTED.**

Applications must be complete and have all required documentation to be considered. TDA reserves the right to request additional information or documentation to determine eligibility. Applications missing documentation or otherwise deemed incomplete will not be considered for funding until sufficient information has been received. TDA reserves the right to deny applications if the applicant is unable to provide required documentation within the deadline provided by TDA when requesting the information. All determinations regarding eligibility of expenses and funding amounts are final.

How to submit?

Submit all required paperwork to one of the following three options:

1. Email: STARFund@TexasAgriculture.gov
2. Mailing Address: P.O. Box 12847, Austin, Texas 78711
3. Physical Address: 1700 N. Congress Avenue, Austin, Texas 78701

Allowable Costs	Unallowable Costs
<ul style="list-style-type: none"> • Fence supplies • Agricultural structure repair • Seed replacement • Livestock replacement • Supplies needed to repair or rebuild agricultural operation 	<ul style="list-style-type: none"> • Feed • Disposal Fees • Labor for debris removal • Detailed description of other necessary agricultural related costs for consideration • Gas • Mileage • Housing • Food • Relocation Services • Replacement of Capital Assets • Valuation of: <ul style="list-style-type: none"> • lost livestock • lost seed • lost crop • lost feed • lost land

Voice (800) 835-5832 • (512) 463-6695 • Fax (888) 223-9048
www.TexasAgriculture.gov • E-mail STARFund@TexasAgriculture.gov



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TEXAS DEPARTMENT OF AGRICULTURE

STATE OF TEXAS AGRICULTURAL RELIEF (STAR) FUND AGRICULTURE DISASTER ASSISTANCE APPLICATION

[FOR TDA USE ONLY]

File No. _____

Rec date: _____

GTBD-109

Application Checklist

REQUIRED: In order to be eligible for funding, the following items are required:

Yes No

Forms

- Completed and signed **Form GTBD-109** (all sections required unless instructed otherwise)
- Completed **Itemized Expense Documentation Form** (part of application)
- Completed **W-9 IRS Federal Tax Form**
- Completed **Application for Texas Identification Number** (To help TDA make sure payments are issued correctly, this form must match Legal Business Name given on application.)

Expense Backup Documentation

- Itemized invoice(s) or other documentation demonstrating costs incurred for recovery of items**
- Proof of payment** (Invoices that show a \$0 balance. Cancelled checks can be used, but both sides of the check must be submitted to document all expenses have been paid. Copies of credit card statement with account numbers blacked out may also be accepted. Applicant has to demonstrate that all payments have been both paid and cleared.)

Proof of Damage related to "agricultural operation"

- Pictures; or
- Other certifications for Damage and Proof of Loss Documentation

Additional Support

- If property is leased, provide **Letter from Owner** giving permission for expenses and statement Owner will not be claiming for same expenses.

Optional:

- [Direct Deposit Form](#) ← click blue hyperlink to download

Section A. Applicant Type

Type of Applicant

(check one)

Texas Agricultural or Timber
Registration number

Agriculture Business (please fill out section A.1 and A.2)

Sole Proprietor / Individual (please fill out section A.2)

Section A.1. Business Information

Full Legal Business Name:

(payment will be issued in this name)

DBA 'Doing Business As' Name:

(if applicable)

Mailing Address of Business:

Street Address

Texas County

City

State

Zip Code

Physical Address of Business:

Street Address

Texas County

City

State

Zip Code

Section A.2. Applicant Contact Information - Responsible Officer, Partner, Owner or Individual

Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business. For Sole Proprietors, this will be the name of the person the payment will be issued to and should match the payee ID form.

Full Name: _____ Mr. Dr. Ms. Other _____
First Last

Email Address: _____

Phone: () - Ext. Alt #: () -

Mailing Address: _____
Street Address Texas County

City State Zip Code

Property affected Physical Address: _____
Street Address Texas County

City State Zip Code

PROPERTY OWNERSHIP

List any person who owns more than 20% of the property(ies) listed in this application.

Name	Percent Ownership
1.	
2.	
3.	
4.	
5.	

IMPACTED PROPERTY INFORMATION (Add additional pages if necessary)

Tax Property ID # (found on your property tax records)	Primary Purpose of the Property	Texas County Property is Located in	Date of Disaster	Number of Acres impacted
	<input type="checkbox"/> Crop _____ <input type="checkbox"/> Livestock _____ <input type="checkbox"/> Other _____			acres
	<input type="checkbox"/> Crop _____ <input type="checkbox"/> Livestock _____ <input type="checkbox"/> Other _____			acres

Description of Damage: Summarize the damage sustained by your operation directly related to the natural disaster events. Please also include any additional details you feel will help TDA in determining your eligibility for funding. Include information about the items lost or damaged as result of the natural disaster.

Grant Application Certifications

By signing below, applicant:

- 1. certifies that all information provided in connection with this application is true and correct, and that the identified operation sustained damage directly related to natural disaster events and the expenses documented as part of this application were in direct relation to repairing, mending or replacing those damages;
2. certifies that the property damage claims submitted have not been paid for by insurance or other governmental sources;
3. certifies that if persons or entities other than the applicant are entitled to a share of funds received due to a written or verbal agreement, applicant will divide any funds received accordingly;
4. acknowledges that any misrepresentation or false statement made by applicant or an authorized agent of applicant in connection with this application, whether intentional or not, will constitute grounds for denial of this application and may be the subject of substantial civil and/or criminal liability and sanctions;
5. acknowledges this application and any payments owed to Applicant in connection with this application may be reduced or denied because of Applicant's owing any debt to the State of Texas; and
6. certifies that applicant is authorized to submit this application and to make the preceding certifications and acknowledgements.

Notice of Penalties: Penalty for knowingly making false statements or false entries, or attempts to secure money through fraudulent means, may include fines and/or incarceration and/or forfeiture of agriculture assistance funds under applicable federal and state law.

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Printed name from Section A.2 X Signature Date

State of Texas

County of

SWORN TO AND SUBSCRIBED before me on the day of, 20.

Notary Public, State of Texas

Notary's printed name:

Notary's commission expires:

Expense Documentation

Applicant Name:		
Type of disaster:	Dates of disaster:	

Invoice Date	Invoice Number	Vendor	1. Description of purchase 2. How it is used for rebuilding agricultural operation <i>(additional sheets may be added if needed)</i>	Total Invoice amount	Has this expense been paid for?	If this is an estimated expense provide the date the work is to be completed?
				\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
				\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
				\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
				\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
				\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
				\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
				\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
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				\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
				\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
				\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
				\$	<input type="checkbox"/> Y <input type="checkbox"/> N	

This form was designed to be completed electronically; however, handwritten requests will be accepted. Please make sure to include copies of legible invoice/receipts for all expenses listed on this form along with the proof of payment.

The Texas Department of Agriculture - Grant programs require the following Form - Application for Texas Payee ID to be completed every year.

By completing the new form it will not create a new number for you or your organization. This helps program staff ensure cost share payments are made correctly.

You can click on the yellow highlighted areas for tips.

Application for Texas Identification Number

• See instructions on back

For Comptroller's use only	
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1. Is this a new account? YES Mail Code 000 NO Enter Mail Code _____ Agency number _____
 Complete Sections 1 - 5 Complete Sections 1, 2 & 5

Section 1
 2. **Texas Identification Number (TIN)** - Indicate the type of number you are providing to be used for your TIN
 Employer Identification Number (EIN) (9 digits)
 Social Security number (SSN) (9 digits) Enter the number indicated _____
 Individual Taxpayer Identification Number (ITIN) (9 digits)
 Comptroller's assigned number (FOR STATE AGENCY USE ONLY) (11 digits) **PLEASE COMPLETE SECTION 2 & 3**
 Current Texas Identification Number (FOR STATE AGENCY USE ONLY) (11 digits)

3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax? YES NO If "YES," enter Texas Taxpayer Number _____

Section 2
Payee Information (Please type or print)
 4. **Name of payee** (Individual or business to be paid)

 5. Mailing address where you want to receive payments

 6. (Optional) _____
 7. (Optional) _____
 8. (Optional) _____
 9. City _____ State _____ ZIP code _____

10. Payee telephone number (Area code and number) _____ SIC code _____ Security type code (0, 1, 2) _____ Zone code _____

Section 3
 11. **Ownership Codes** - Check only one code by the appropriate ownership type that applies to you or your business. TDA has added notes to help clarify common mistakes. Click on the yellow box for more details
 I - Individual Recipient (not owning a business)
 S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN)
 Owner's name _____
 SSN / ITIN (9 digits) _____
 P - **Partnership**: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN).
 Name _____
 SSN / ITIN / EIN (9 digits) _____
 Name _____
 SSN / ITIN / EIN (9 digits) _____
 N - Other: If checked, explain. _____
 L - Texas Limited Partnership: If checked, enter the Texas File Number _____
 T - **Texas Corporation**: If checked, enter the Texas File Number _____
 A - Professional Association: If checked, enter the Texas File Number _____
 C - Professional Corporation: If checked, enter the Texas File Number _____
 O - Out-of-State Corporation
 G - Governmental Entity
 U - State agency / University
 F - Financial Institution
 R - Foreign (out of U.S.A.)

Section 4
 12. Payment Assignment? YES NO *Note: A copy of the assignment agreement between payees must be attached.*
 Assignee name _____
 Assignee TIN _____ Assignment date _____

Section 5
 13. Comments _____
 Authorized signature (Applicant or authorized agent) _____ Date _____
 14.  _____
 Agency name _____ Prepared by _____ Phone (Area code and number) _____
 15. _____

For Comptroller's Use Only		

Direct Deposit Authorization

This form may be used by vendors, individual recipients or state employees to receive payments from the state of Texas by direct deposit or to change/cancel existing direct deposit information.

Transaction Type

SECTION 1	<input type="checkbox"/> New setup (Sections 2, 3, 5 and 6)	<input type="checkbox"/> Change account type (Sections 2, 3, 4, 5 and 6)
	<input type="checkbox"/> Change financial institution (Sections 2, 3, 4, 5 and 6)	<input type="checkbox"/> Cancellation (Sections 2 and 6 - Sections 7 and 8 for state agency use)
	<input type="checkbox"/> Change account number (Sections 2, 3, 4, 5 and 6)	

Payee Identification

SECTION 2	Payee type	<input type="checkbox"/> Texas Identification Number (TIN)	<input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)	Mail code (If not known, leave blank.)
	<input type="checkbox"/> State employee	<input type="checkbox"/> Employer Identification Number (EIN)		
	<input type="checkbox"/> Vendor or other recipient	<input type="checkbox"/> Social Security Number (SSN) *		
	Payee name	Phone number		ext.
	Mailing address	City	State	ZIP code

New Account Information (Setups and Changes) (Completion by financial institution is recommended.)

SECTION 3	Financial institution name	City	State
	Routing transit number (9 digits)	Customer account number (maximum 17 characters)	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Financial representative name (optional)	Title (optional)	
	Financial representative signature (optional)	Phone number (optional)	Date (optional)

Existing Account Information (Changes Only)

SEC 4	Routing transit number (9 digits)	Customer account number (maximum 17 characters)	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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International Payments Verification (required)

SEC 5	Will these payments be forwarded to a financial institution outside the United States?..... <input type="checkbox"/> YES <input type="checkbox"/> NO
	If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).

Authorization for Setup, Changes or Cancellation (required)

SECTION 6	I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error. I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)		
	sign here ▶	Authorized signature	Printed name

Cancellation by Agency (for state agency use)

SEC 7	Reason	Date
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Authorized Signature (for state agency use)

SECTION 8	sign here ▶	Signature	Date
		Phone number	Agency number
		ext.	
		Agency name	
	Comments		

Please return your completed form to:
 TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
 Fiscal Management - Direct Deposit Program
 P.O. Box 13528
 Austin, TX 78711-3528
 FAX: 512-475-5424 Phone: 512-936-8138