

COVID-19 Business Assistance Series

Agriculture and COVID-19 Loan Relief Programs

Presented by



Housekeeping

- Please use Q&A Tab for questions
- Participate in Polls
- Webcast being recorded and will be available on www.mauibizassist.com
- Slide Deck available after the webcast

Mahalo to our
Presenters!

Gerry Smith

Director of Business Development, MEDB

Wayne Wong

Director, Small Business Development Center, Maui (SBDC)

Patrick Lewis

Chief/District Director, Farm Programs Hawaii State &
Pacific Basin Office

James Robello

County Executive Director, USDA Farm Service Agency (FSA)

Richard "Buddy" Nichols

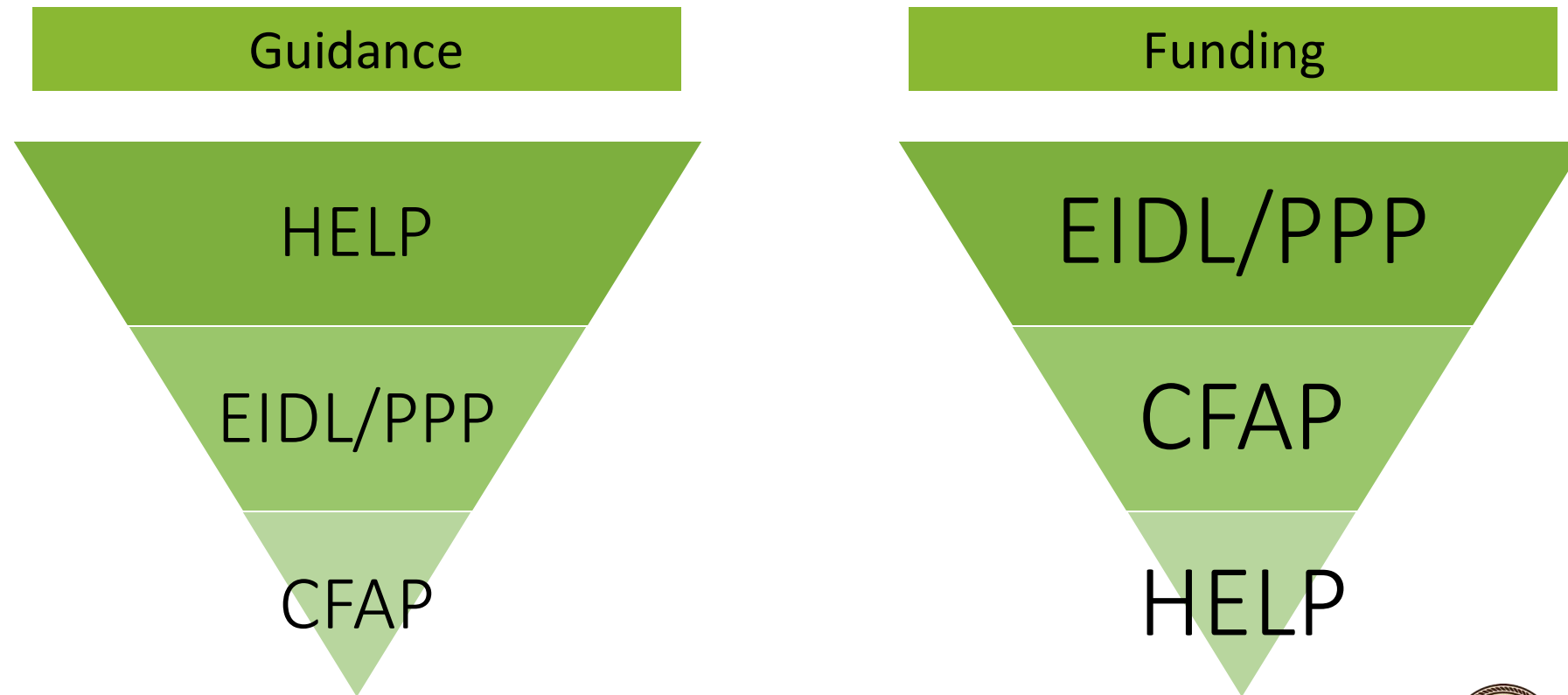
Farm Loan Manager, Maui County FSA



What You'll Learn Today...

- Who is eligible
- Types of assistance available
 - SBA EIDL
 - SBA PPP
 - Hawaii Board of Ag Emergency Loan Program
 - CFAP
 - FSA Microloans
- How to apply including what forms to complete
- What you can prepare now for further USDA funding opportunities

A Bit About Guidance and Funding



Small Business Administration (SBA)

Economic Injury Disaster Loan (EIDL)

Assistance Program

Watch Previous Webcast at www.mauibizassist.com

Background

SBA Economic Injury Disaster Loan Assistance Program

Hawaii small businesses suffering financial losses due to the impact of COVID-19

- **Low interest working capital LOANS of up to \$2M.**
- Can be **used to pay fixed debts, payroll, and other bills** that cannot be paid because of the disaster's impact.
- Interest rates **are 3.75% for small business**, 2.75% for non-profits, collateral required for >\$25k, \$2M max loan, terms up to **30 years, one-year deferment.**
- SBA determines loan size.
- Advance/Grant of \$1000/employee up-to-10 employed
- No fees, No cost to apply.
- Money comes from US Treasury not a bank.

Now Exclusively Open for Ag!

Who Qualifies

SBA Economic Injury Disaster Loan Assistance Program

Hawaii small businesses suffering financial losses due to the impact of COVID-19

- **AgriBusinesses** (*auth 4/24 portal open 5/4/20*)
- Officially registered businesses operating legally under federal and state laws
- In business for over 1 year, size meets SBA small business criteria (you must certify).
- Owner has invested equity
- Owner has exhausted other assets/insurance that can easily be liquidated
- Owner demonstrates the ability to repay
- There are self-certifications (child support, criminal offenses, U.S. citizen).

How do I Apply?

SBA Economic Injury Disaster Loan Assistance Program

Hawaii small businesses suffering financial losses due to the impact of COVID-19

MEDB EIDL Resources: www.mauibizassist.com

SBA EIDL Online Form

<https://covid19relief.sba.gov/#/>

May 4: opened exclusively for AgriBusinesses...

Required Information for webforms:

- Business Demographic & Registration Info (EIN)
- Identify all Equity owners of >20% ownership
- # of employees
- Annual Sales, COGS, Expenses
- Banking account information, routing & account numbers (for direct deposit)



Coronavirus Aid, Relief, and Economic Security (CARES) Act

Paycheck Protection Program (PPP)

Watch Previous Webcast at www.mauibizassist.com

Background

CARES Act Paycheck Protection Program (PPP) Loans

- Forgivable* **Loan** specifically designed to provide quick relief **for payroll costs** and some rent and utility costs.
- **1% interest, 2-year term** (6 mo. deferred 1st payment)
- **Up to \$2M** SBA 7a backed loan, application and money comes **from a bank**, not the US Treasury.
- **\$120B left**, \$349B gone in 13 days, \$310B on 5/27
- Loan amount= 2.5 X avg mo Payroll Costs
- No fees, No cost to apply.
- **Forgiveness possible** if 75% of loan paid to payroll costs within 8 weeks of receipt of funds + maintain headcount

MEDB PPP Forgiveness

Resources: www.mauibizassist.com



Now Open for Ag!

Who is Eligible?

CARES Act Paycheck Protection Program (PPP) Loans

- Officially registered businesses operating legally under federal and state laws, **in operation as of Feb 15, 2020.**
- Meets SBA **small business** size criteria including AgriBusinesses, 501(c)(3), 501(c)(19), tribal business concern, sole proprietor, independent contractor, self-employed.
- Different rules for NAICS 72 (accommodations and restaurants) and franchises.
- Businesses that self-certify ***“current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.”***

How do I Apply?

CARES Act Paycheck Protection Program (PPP) Loans

Online via SBA Lender (Banks, Credit Unions, FinTechs)

SBA PPP Online Form 2483:

<https://www.sba.gov/document/sba-form--paycheck-protection-program-borrower-application-form>

Required Documentation:


- Application Form 2483
- Avg Mo Payroll Cost calculation & employee headcount

Supporting Documentation (one of the following):

- IRS Form 941
- IRS Form 1099 or Schedule C (Self-employed & Independent Contractor Only)
- Payroll Provider Documentation

MEDB PPP Resources: www.mauibizassist.com





Hawaii Board of Agriculture Emergency Loan Program

Background

Hawaii Board of Agriculture Emergency Loan Program

On April 14, 2020 the Hawaii Board of Agriculture approved an emergency loan program to provide assistance to qualified farmers affected by the economic impacts as a result of the COVID-19 pandemic. Qualified farmer fact sheet

- Microloan <\$25,000 (easier quicker)
- Max is \$150,000
- Terms decided case by case @ 3%
- No credit elsewhere < \$100,000
- 1 credit denial > \$100,000
- No 3-year residency requirement
- Can apply through December 31, 2020

Who is eligible?

Hawaii Board of Agriculture Emergency Loan Program

A Qualified Farmer is:

- ~~A citizen of the United States who has resided in Hawaii for the preceding three years, or any permanent resident alien who has resided in Hawaii for the preceding three years; and~~
- ~~A person of proven farming ability who has operated their own farm for two or more years; and~~
- A person who devotes most of their time or derives most of their net income from the farming operation.

How do I apply?

Hawaii Board of Agriculture Emergency Loan Program

“Prior to obtaining and completing the loan application, it is recommended that you meet with or call a loan officer. They are available to assist you in determining your eligibility for the loan program and to guide you through the application process”.

***Agricultural Loan Division - Oahu, Maui, & Kauai –
(808) 973-9460***

GENERAL FORMS

[Loan Application \(updated July 2012\)](#)

[Micro Loan Application](#)

[Personal Financial Statement](#)

[Expense Projection Sheet](#)

[Income Assumptions](#)

[Monthly Cash Flow Projections](#)

[Food Manufacturing Income Assumptions](#)





CARES Act

Agricultural Provisions

Hawaii State FSA Service Centers

Maui/Molokai/Lanai

Maui FSA Service Center
77 Hookele Street, Suite 201
Kahului, HI 96732

Phone: (808) 871-5500 Ext. 2
Toll free: 1-866-465-0519
Fax: (855) 356-9494

Farm Programs	Name	Direct Line	Email
County Executive Director	James Robello	214-1740	james.robello@usda.gov
Program Technician	Rochelle Kaauamo	214-1738	rochelle.kaauamo@usda.gov

Farm Loan Programs	Name	Direct Line	Email
Manager	Richard Nichols	214-1739	richard.nichols@usda.gov
Loan Analyst	Faith Umetsu	214-1736	faith.umetsu@usda.gov
Program Technician	Siufaga Kava	214-1737	siufaga.kava@usda.gov

Coronavirus Food Assistance Program (CFAP)

In April, USDA announced the **Coronavirus Food Assistance Program (CFAP)**. CFAP will provide direct support based on losses for agriculture producers where prices and market supply chains have been significantly impacted and will assist eligible producers facing additional adjustment and marketing costs resulting from lost demand and short-term oversupply for the 2020 marketing year caused by COVID-19.

CFAP will provide assistance to most farms that have experienced at least a **five percent loss** and will be available to farms **regardless of size**.

CFAP Has Two Major Elements:

- **Direct Support to Farmers and Ranchers:** The program will provide **\$16 billion** in direct support based on actual losses for agricultural producers where prices and market supply chains have been impacted and will assist producers with additional adjustment and marketing costs resulting from lost demand and short-term oversupply for the 2020 marketing year caused by COVID-19.
- **USDA Purchase and Distribution:** USDA will partner with regional and local distributors, whose workforce has been significantly impacted by the closure of many restaurants, hotels, and other food service entities, to purchase \$3 billion in fresh produce, dairy, and meat. We will begin with the procurement of an estimated \$100 million per month in fresh fruits and vegetables, \$100 million per month in a variety of dairy products, and \$100 million per month in meat products. The distributors and wholesalers will then provide a pre-approved box of fresh produce, dairy, and meat products to food banks, community and faith-based organizations, and other non-profits serving Americans in need.

On top of these targeted programs USDA will utilize other available funding sources to purchase and distribute food to those in need.

What Can You Do Now?

- While the application process has not started, you can start gathering/understanding your farm's recent sales and inventory.
- FSA has streamlined the signup process to not require an acreage report at the time of application and a USDA farm number may not be immediately needed.
- Do you have an established Farm Record?
- Have you completed 2019 tax returns & Schedule F?

**Prepare Early
Apply Early**

How Will USDA Accept Applications?

USDA Service Centers are open for business by phone appointment only. Once the application period opens, please call your FSA county office to schedule an appointment.

Information on CFAP can be found at farmers.gov/CFAP.

As part of applying for the program, you'll need to **contact the Farm Service Agency county office to schedule an appointment**. Your local FSA staff will work with you to apply for the program, and through forms asking for this type of information:

- Contact
- Personal, including your Tax Identification Number
- Farming operating structure
- Adjusted Gross Income to ensure eligibility
- Direct deposit to enable payment

Details Soon

**Farm
Service
Agency**

fsa.usda.gov



Eligibility and Forms

**Farm
Service
Agency**

fsa.usda.gov

Eligibility Agenda

- **Forms explainer**
 - AD-2047 (new producer information)
 - CCC-902 (farm operating plan)
 - CCC-941 (income certification)
 - AD-1026 (Highly erodible land and wetlands)
 - FSA-860 (Socially Disadvantaged, limited resource, beginning or veteran farmer)
 - AD 3881 (Direct Deposit Form)
 - Farm Record and Acreage Reporting



This form is available electronically.

Forms Approved - OMB Nos. 0560-0265 and 0560-0289

AD-2047 (03-30-17)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency Rural Development Natural Resources Conservation Service	
CUSTOMER DATA WORKSHEET REQUEST FOR BUSINESS PARTNER RECORD CHANGE			
<i>(See Page 2 for Privacy Act and Paperwork Reduction Act Statements)</i>			
PART A – CUSTOMER INFORMATION			
1A. Customer's Full Name or Business Name		1B. Customer or Business Address (Including Zip Code)	
1C. Home Telephone Number (Area Code)		1D. Business Telephone Number (Area Code)	1E. Other Telephone Number (Area Code)
2. SSN or Tax ID Number (9 Digits)		3. E-Mail Address	
4A. Does the customer want to receive mail by USPS? <input type="checkbox"/> YES <input type="checkbox"/> NO	4B. Does the customer want to receive e-mails via GovDelivery? <input type="checkbox"/> YES <input type="checkbox"/> NO	4C. Does the customer want to receive sensitive (but non-PII) Producer or Farm Specific related emails? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Producer is Customer of One or More of the Following Agencies. <i>(Check Appropriate Agency(ies) below.)</i> <input type="checkbox"/> FSA <input type="checkbox"/> RD <input type="checkbox"/> NRCS <input type="checkbox"/> Not Participating			
6. Is the Customer a Multi-County Producer? <input type="checkbox"/> YES <i>(If "YES," list States and/or Counties below:)</i> <input type="checkbox"/> NO			
7. Reason for Request <i>(Check appropriate box(es) below:)</i> <input type="checkbox"/> New Producer <input type="checkbox"/> Address Change <input type="checkbox"/> Telephone Change <input type="checkbox"/> Sale/Purchase <input type="checkbox"/> Life Event <input type="checkbox"/> Other <i>(Specify):</i>			
8. Enter the name of the customer requesting the record change(s). If documentation is received by Fax or from a trusted source (i.e., USPS), attach documentation to this form. Only Part A, Item 1A and Part B shall be completed. If the request was received by telephone, complete applicable blocks necessary to document the change(s) and enter the requestor's name in Item 8A. Requestor's signature is not required. <i>(The only time the customer is required to sign Item 8B is when they are physically at a Service Center and providing FSA with applicable information.)</i>			
8A. Name of Customer Requesting Change		8B. Customer Signature	8C. Date of Record Change (MM-DD-YYYY)

Farm Service Agency

fsa.usda.gov

This form is available electronically.

Forms Approved - OMB Nos. 0560-0265 and 0560-0289

AD-2047 (03-30-17)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency Rural Development Natural Resources Conservation Service	
CUSTOMER DATA WORKSHEET REQUEST FOR BUSINESS PARTNER RECORD CHANGE			
<i>(See Page 2 for Privacy Act and Paperwork Reduction Act Statements)</i>			
PART A – CUSTOMER INFORMATION			
1A. Customer's Full Name or Business Name		1B. Customer or Business Address (Including Zip Code)	
1C. Home Telephone Number (Area Code)		1D. Business Telephone Number (Area Code)	1E. Other Telephone Number (Area Code)
2. SSN or Tax ID Number (9 Digits)		3. E-Mail Address	
4A. Does the customer want to receive mail by USPS?	4B. Does the customer want to receive e-mails via GovDelivery?	4C. Does the customer want to receive sensitive (but non-PII) Producer or Farm Specific related emails?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Producer is Customer of One or More of the Following Agencies. (Check Appropriate Agency(ies) below.)			
<input type="checkbox"/> FSA <input type="checkbox"/> RD <input type="checkbox"/> NRCS <input type="checkbox"/> Not Participating			
6. Is the Customer a Multi-County Producer?		<input type="checkbox"/> YES (If "YES," list States and/or Counties below.) <input type="checkbox"/> NO	
7. Reason for Request (Check appropriate box(es) below.)			
<input type="checkbox"/> New Producer <input type="checkbox"/> Address Change <input type="checkbox"/> Telephone Change <input type="checkbox"/> Sale/Purchase <input type="checkbox"/> Life Event			
<input type="checkbox"/> Other (Specify):			
8. Enter the name of the customer requesting the record change(s). If documentation is received by Fax or from a trusted source (i.e., USPS), attach documentation to this form. Only Part A, Item 1A and Part B shall be completed. If the request was received by telephone, complete applicable blocks necessary to document the change(s) and enter the requestor's name in Item 8A. Requestor's signature is not required. (The only time the customer is required to sign Item 8B is when they are physically at a Service Center and providing FSA with applicable information.)			
8A. Name of Customer Requesting Change		8B. Customer Signature	8C. Date of Record Change (MM-DD-YYYY)

Do you want to receive emails via GovDelivery?

This form is available electronically.

(See Page 5 for Privacy Act and Paperwork Reduction Act Statements)

CCC-902E (04-16-19) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation FARM OPERATING PLAN FOR AN ENTITY	1. County	3. Program Year
	2. State	

For "actively engaged in farming" and other payment eligibility/limitation determinations.

This form is to be completed for an entity, including a joint operation, that is seeking benefits from the Farm Service Agency (FSA) under one or more programs that are subject to the regulations at 7 CFR Part 1400. This form collects farming and other information about the entity that receives program benefits directly using the tax identification number listed in Part A. This form also collects information about the members of such entity. An individual who receives program benefits directly as an individual must complete a CCC-902I with respect to that individual's operation. Payment eligibility is based upon the contribution of certain inputs to a farming operation such as land, capital, equipment, labor, and management by the entity listed in Part A. The information on this form will be used by FSA to determine payment eligibility and limitation of payments by direct attribution.

PART A - ENTITY INFORMATION

1. Farming Entity's Name and Address (Include Zip Code)	2. Tax Identification Number (If the taxpayer identification Number is already on file with FSA, only the last 4 digits are required)
	3. Date of Formation (MM-DD-YYYY)

PART B - TYPE OF OPERATION (Select only one)

1. Select appropriate type of operation that defines the entity identified in Part A:

<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Estate	<input type="checkbox"/> Indian Tribe
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Charitable/Tax-exempt Organization	
<input type="checkbox"/> Sole Proprietorship/DBA	<input type="checkbox"/> Revocable/Living Trust	<input type="checkbox"/> Public School	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Corporation	<input type="checkbox"/> Irrevocable Trust	<input type="checkbox"/> City, County or State-owned Entity	

2. Supporting documentation, such as articles of incorporation, revocable trust documents, partnership agreements, evidence of heirship, and operational authorities of all share-holders, members and partners, may be required to be submitted upon request to verify the legal status of the entity and the authority of its shareholders, members or partners to the satisfaction of CCC. Irrevocable trust documents are required to be provided to verify that the corpus of the trust does not provide for modification of interest by the grantor, or provide for transfer to the remainder beneficiary in less than 20 years from the date the trust is established.



Forms Explainer - CCC-902

PART C - MEMBER INFORMATION (Use CCC-902E Continuation if additional space is needed for any information in Part C)

1. **Members** - List all members/shareholders/beneficiaries/heirs/partners of the entity identified in Part A of this form:

A. Name	B. Tax ID Number <i>(Last 4 digits if already on file)</i>	C. % Share	D. Position and Salary <i>(If applicable)</i>	E. Family Member Relationship* <i>(If applicable)</i>	F. Does this member have signature authority for the legal entity? <i>(Yes or No)</i>
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO

* **Family member means** great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grandchild, great grandchild, sibling, 1st cousin, niece, nephew, aunt, uncle of family member in the farming operation, spouse of family member in the farming operation.



Forms Explainer - CCC-902

CCC-902E (04-16-19) Name of Entity (as identified in Part A) _____

Page 2 of 6

4. Minor Members or Shareholders - For any Member or Shareholder who is a minor, provide the following: N/A

A. Minor's Name	B. Date of Birth	C. Parent's or Guardian's Name	D. Parent's or Guardian's Address	E. Parent or Guardian's SSN or Tax ID Number (Last 4 digits if already on file)

F. Separate Status of Minors :

- (1) Is any minor a producer on a farm in which the parent or guardian has no interest? YES NO
- (2) Does any minor maintain a separate household from the parent or guardian and personally carry out farming Activities with respect to the minor's farming operation, including maintaining separate accounting? YES NO
- (3) Does any minor who is represented by a court-appointed guardian or conservator responsible for the minor a) live in a household other than the parents' household(s), and b) have a vested ownership in the farm? YES NO
- (4) If any minor with an interest in this farming operation can answer "YES" to Items F(1) through F(3), list that minor's name: _____

5A. Citizenship Status - Is each Member and Shareholder of the entity or joint operation identified in Part A, and any embedded entity identified in Part C a U.S. Citizen?

- YES, all members/shareholders are US Citizens - Go to Part D
- NO, one or more members/shareholders is not a US Citizen - Complete Item 5B

5B. For each member or shareholder (direct or embedded) who is not a US Citizen, provide the following:

(1) Name of Individual	(2) This individual has a valid Form I-551	FOR FSA USE ONLY	
		Form I-551 Presented to FSA	CCC Initials
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

This form is available electronically.

CCC-941 (01-24-19)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. Return completed form to: (Name and address of FSA county office or USDA Service Center)
AVERAGE ADJUSTED GROSS INCOME (AGI) CERTIFICATION AND CONSENT TO DISCLOSURE OF TAX INFORMATION				
<p>NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1400, the Commodity Credit Corporation Charter Act (16 U.S.C. 714 et seq.), the Food Security Act of 1985 (Pub. L. 99-195), the Agricultural Act of 2014 (Pub. L. 113-79), and the Agriculture Improvement Act of 2018 (Pub. L. 115-334). The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USD A/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.</p> <p>Paperwork Reduction Act (PRA) Statement: This information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B). The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. PLEASE RETURN COMPLETED FORM TO FSA AT THE ABOVE ADDRESS.</p>				
2. Name and Address of Individual or Legal Entity (Including Zip Code) (Use the same name and address as used for the tax return specified in Part B.)		3. Taxpayer Identification Number (TIN) (Social Security Number for Individual; or Employer Identification Number for Legal Entity) 		
PART A CERTIFICATION OF AVERAGE ADJUSTED GROSS INCOME				
4. The program year for payment eligibility				
A. 20__		Enter the year for which program benefits are requested. The period for calculation of the average AGI will be of the three taxable years preceding the most immediately preceding complete taxable year for which benefits are requested. For example, the 3-year period for the calculation of the average AGI for 2019 would be the taxable years of 2017, 2018 and 2015.		
5. I certify that the average adjusted gross income of the individual or legal entity in Item 2 (for the year included in Item 4) was:				
A. <input type="checkbox"/> Less than (or equal to) \$900,000				
B. <input type="checkbox"/> More than \$900,000				

1 - Name & Address



2 - Year



4 - Adjusted Gross Income



3- Tax ID



Farm Service Agency

fsa.usda.gov



Forms Explainer - CCC-941

PART B CONSENT TO DISCLOSURE OF TAX INFORMATION

Pursuant to 26 U.S.C. §6103, I hereby authorize the Internal Revenue Service (IRS) to review the following items of "return information" (as defined in 26 U.S.C. §6103(b)(2)) from the returns (as specified below) of the individual or legal entity identified in Item 2 for the taxable years indicated in Item 4:

Form 1040 and 1040NR filers: farm income or loss; adjusted gross income

Form 1120, 1120A, 1120C filers: charitable contributions, taxable income

Form 1041 filers: farm income or loss, charitable contributions, income distribution deductions, exemptions, adjusted total income; total income

Form 1120S filers: ordinary business income

Form 1065 filers: guaranteed payments to partners, ordinary business income

Form 990T: unrelated business taxable income

I understand the IRS will review these items of return information in order to perform calculations, the results of which I authorize to be disclosed to officers and employees of the United States Department of Agriculture (USDA) for use in determining the individual's or legal entity's eligibility for specified payments for various commodity and conservation programs. The calculations performed by the IRS use a methodology prescribed by the USDA. In addition, I am aware that the USDA may use the information received for compliance purposes related to this eligibility determination, including referrals to the Department of Justice.

Specially, the IRS will disclose to the USDA the individual's or legal entity's name and TIN, and inform the USDA if, pursuant to its calculations, the average Adjusted Gross Income (AGI) is above or below eligibility requirements as prescribed by the Agricultural Act of 2014 or Agriculture Improvement Act of 2018. The IRS will also disclose to the USDA the type of return from which the information used for the calculations was obtained.

If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the specified return has not been filed, for any of the taxable years indicated, the IRS may disclose that it was unable to locate a return, or that a return was not filed, for those years, whichever is applicable.

An approved Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority when completing this form.

By signing this form:

- I acknowledge that I have read and reviewed all definitions and requirements on Page 2 of this form;
- I certify that all information contained within this certification is true and correct; and is consistent with the tax returns filed with the IRS;
- I agree to authorize CCC to obtain tax data from the IRS for AGI compliance verification purposes by filing this form;
- I am aware that without this consent to disclosure, the returns and return information of the individual or legal entity identified in Item 2 are confidential and are protected by law under the Internal Revenue Code;
- I certify that I am authorized under applicable state law to execute this consent on behalf of the legal entity identified in Item 2 (for legal entity only).

6. Signature (By)

7. Title/Relationship of the Individual if Signing in a Representative Capacity for a legal entity

8. Date (MM-DD-YYYY)

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited

1 - Signature

2 - Title/
Relationship

3 - Date

**Farm
Service
Agency**

fsa.usda.gov

This form is available electronically.

(See Page 2 for Privacy Act and Paperwork Reduction Act Statements)

AD-1026
(10-30-14)

U.S. DEPARTMENT OF AGRICULTURE
FarmServiceAgency

HIGHLY ERODIBLE LAND CONSERVATION (HELIC) AND WETLAND CONSERVATION (WC) CERTIFICATION

Read attached AD-1026 Appendix before completing form.

PART A – BASIC INFORMATION

1. Name of Producer	2. Tax Identification Number (Last 4 digits)	3. Crop Year
---------------------	----------------------------------------------	--------------

4. Names of affiliated persons with farming interests. Enter "None," if applicable.

Affiliated persons with farming interests must also file an AD-1026. See Item 7 in the Appendix for a definition of an affiliated person.

5. Check one of these boxes if the statement applies ; otherwise continue to Part B.

- A. The producer in Part A does not have interest in land devoted to agriculture. Examples include bee keepers who place their hives on another person's land, producers of crops grown in greenhouses, and producers of aquaculture AND these producers do not own/lease any agricultural land themselves. **Note:** Do not check this box if the producer shares in a crop.
- B. The producer in Part A meets all three of the following:
- does not participate in any USDA program that is subject to HELC and WC compliance except Federal Crop Insurance.
 - only has interest in land devoted to agriculture which is exclusively used for perennial crops, except sugarcane, and
 - has not converted a wetland after February 7, 2014.

Perennial crops include, but are not limited to, tree fruit, tree nuts, grapes, olives, native pasture and perennial forage. A producer that produces alfalfa should contact the Natural Resources Conservation Service at the nearest USDA Service Center to determine whether such production qualifies as production of a perennial crop.

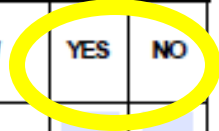
Note: If either box is checked, and the producer in Part A does not participate in Farm Service Agency (FSA) or Natural Resources Conservation Service (NRCS) programs, the full tax identification number of the producer must be provided, but establishment of detailed farm records with FSA is not required. Go to Part D and sign and date.

**Farm
Service
Agency**

fsa.usda.gov



PART B - HELC/WC COMPLIANCE QUESTIONS		YES	NO
<p>Indicate YES or NO to each question. If you are unsure of whether a HEL determination, wetland determination, or NRCS evaluation has been completed, contact your local USDA Service Center.</p>			
6. During the crop year entered in Part A or the term of a requested USDA loan, did or will the producer in Part A plant or produce an agricultural commodity (including sugarcane) on land for which an HEL determination has not been made?		<input type="checkbox"/>	<input type="checkbox"/>
7. Has anyone performed (since December 23, 1985), or will anyone perform any activities to:			
A. Create new drainage systems, conduct land leveling, filling, dredging, land clearing, or excavation that has NOT been evaluated by NRCS? If "YES", indicate the year(s): _____		<input type="checkbox"/>	<input type="checkbox"/>
B. Improve or modify an existing drainage system that has NOT been evaluated by NRCS? If "YES", indicate the year(s): _____		<input type="checkbox"/>	<input type="checkbox"/>
C. Maintain an existing drainage system that has NOT been evaluated by NRCS? If "YES", indicate the year(s): _____ <i>Note: Maintenance is the repair, rehabilitation, or replacement of the capacity of existing drainage systems to allow for the continued use of wetlands currently in agricultural production and the continued management of other areas as they were used before December 23, 1985. This allows a person to reconstruct or maintain the capacity of the original system or install a replacement system that is more durable or will realize lower maintenance or costs.</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: If "YES" is checked for Item 7A or 7B, then Part C must be completed to authorize NRCS to make an HELC/WC and/or certified wetland determination on the identified land. If "YES" is checked for Item 7C, NRCS does not have to conduct a certified wetland determination.</i>			
8. Check one or both boxes, if applicable; otherwise, continue to Part C or D.			
A. <input type="checkbox"/> Check this box only if the producer in Part A has FCIC reinsured crop insurance and filing this form represents the <u>first time</u> the producer in Part A, including any affiliated person, has been subject to HELC and WC provisions.			
B. <input type="checkbox"/> Check this box if either of the following applies to the producer and crop year entered in Part A:			
<ul style="list-style-type: none"> Is a tenant on a farm that is/will not be in compliance with HELC and WC provisions because the landlord refuses to allow compliance, but all other farms not associated with that landlord are in compliance. (AD-1026B, Tenant Exemption Request, must be completed). Is a landlord of a farm that is/will not be in compliance with HELC and WC provisions because of a violation by the tenant on that farm, but all other farms not associated with that tenant are in compliance. (AD-1026C, Landlord or Landowner Exemption Request, must be completed). 			
PART C – ADDITIONAL INFORMATION			
9. If "YES" was checked in Item 6 or 7, provide the following information for the land to which the answer applies:			
A. Farm and/or tract/field number: _____ <i>If unknown, contact the Farm Service Agency at the nearest USDA Service Center.</i>			
B. Activity: _____			
C. Current land use (specify crops): _____			
D. County: _____			



This form is available electronically.

(See Page 3 for Privacy Act and Paperwork Reduction Act Statements)

<p>CCC-860 (08-05-19)</p> <p>U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation</p> <p>SOCIALLY DISADVANTAGED, LIMITED RESOURCE, BEGINNING AND VETERAN FARMER OR RANCHER CERTIFICATION</p>	<p>1A. County FSA Office Name and Address <i>(Including Zip Code)</i></p>	
<p>2. Applicant's Name and Address</p>	<p>1B. Telephone No. (Area Code)</p>	<p>1C. Program Year</p>
<p>INFORMATION: <i>If a legal entity requests to be considered a "socially disadvantaged," "limited resource," "beginning" or "veteran" farmer or rancher, the entity must meet the definition as provided on Page 2 of this form. Farmer or rancher includes; "owners", "operators" and "other producers".</i></p>		<p>INSTRUCTIONS:</p> <p>Complete Parts A, B, C and/or D as applicable. Read the information relating to false certification in Part E. Return this form to the address in Item 1 above.</p>
<p>PART A – CERTIFICATION OF SOCIALLY DISADVANTAGED FARMER OR RANCHER</p>		
<p>3. <i>I certify that I am a member of a group <u>listed below</u>, whose members have been subject to racial, ethnic, or gender prejudice because of their identity as members of a group without regard to their individual qualities. (Check all that apply but note that if only "women" is checked without selecting the other category, the selection does not make the applicant socially disadvantaged for conservation programs).</i></p> <p><input type="checkbox"/> Women.</p> <p><input type="checkbox"/> American Indians or Alaskan Natives, Asians or Asian Americans, Black or African Americans, Native Hawaiians or other Pacific Islanders, Hispanics.</p>		

PART B – CERTIFICATION OF LIMITED RESOURCE FARMER OR RANCHER

Limited resource farmer or rancher status can be determined by using a web site available through the Limited Resource Farmer and Rancher Online Self-Determination Tool through National Resource and Conservation Service at

<https://lrftool.sc.egov.usda.gov/>.

4. I certify that the following statements are true by checking the box:

My/our direct or indirect gross farm sales (as individuals, if applicable for the entity or joint operation) do not exceed the amount identified in the Limited Resource Farmer/Rancher Self-Determination Tool for the 2 calendar years that precede the complete taxable year before the relevant program year (see Table 1 on Page 2 of this form), adjusted upwards in later years for any general inflation.

My/our total household income (as individuals, if applicable for the entity or joint operation) was at or below the national poverty level for a family of four in each of the same 2 previous years (see Table 1 on Page 2 of this form) referenced above.

PART C – CERTIFICATION OF BEGINNING FARMER OR RANCHER

5. I certify that the following statements are true by checking the box and providing the date I began farming:

I (or if applicable, the entity or joint operation) have not operated a farm or ranch for more than 10 years.

I (or if applicable, the entity or joint operation) substantially participate in the operation.

Date (Month/Year began farming)

PART D – CERTIFICATION OF VETERAN FARMER OR RANCHER

6. I certify that I am a farmer or rancher who has served in the Armed Forces as defined in 38 U.S.C. 101(10) and I meet the requirements of at least one of the boxes below: (Check all that apply)

A. I (or if applicable, the entity or joint operation) have not operated a farm or ranch for more than 10 years and began farming in _____
Date (Month/Year)

B. I (or if applicable, the entity or joint operation) am a veteran (as defined in 38 U.S.C. 101(2)) who first obtained status as a veteran during the most recent 10-year period _____
Date (Month/Year)

PAYEE / COMPANY INFORMATION	
NAME	SSN NO. OR TAXPAYER ID NO.:
ADDRESS:	
CONTACT PERSON NAME:	TELEPHONE NUMBER (Include Area code):



FINANCIAL INSTITUTION INFORMATION	
NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER (Include Area code):
NINE-DIGIT ROUTING TRANSIT NUMBER	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator):	TELEPHONE NUMBER (Include Area code):



Forms Explainer

- **Farm and Tract**

- Definitions

- Operator- is an individual, entity, or joint operation who is in general control of the farming operations on the farm for the current year
- Owner- is an individual or entity who has legal ownership of farmland
- Farm- A farm is made up of tracts that have the same owner and the same operator.
- Tract- A tract is a unit of contiguous land that is both under 1 ownership and operated as a farm or part of a farm.
- Field- A field is the smallest unit of land that has a permanent, contiguous boundary; common land cover/land management; under one common owner; common producer association.

Farm and Tract

- **Land Documentation**
 - Copy of land documents which show the applicant has general control of the farm land. Examples include but not limited to:
 - Deeds, land purchase contracts, County land record documents, leases/rental agreements with valid terms and signatures by the operator and owner, other types of legal documentation
 - **IMPORTANT:** The name on the land document must match exactly the name of the applicant requesting benefits.
 - Example: John Doe owns the farm land as an individual. He also owns ABC LLC. He applies for benefits under ABC LLC. He will need to provide a valid lease from John Doe to ABC LLC.

Farm and Tract

- **Land Documentation and Maps**
 - FSA will use the land document and the applicants input to delineate the farm area and all fields within the farm area on a map. The farm area will be given an FSA farm number.





USDA Microloan Program



United States Department of Agriculture

Farm Service Agency

Farm Loan Information Chart

FACTSHEET
March 2020

Program	Maximum Loan Amount	Rates and Terms	Use of Proceeds
Direct Farm Ownership (FO)	\$600,000	<ul style="list-style-type: none"> Rate based on agency borrowing costs Term up to 40 years 	<ul style="list-style-type: none"> Purchase farm Construct buildings or other capital improvements Soil and water conservation Pay closing costs
Direct Farm Ownership (FO) Participation	\$600,000	<ul style="list-style-type: none"> Rate is direct FO rate less 2% with a floor of 2.5% if at least 50% of loan amount provided by other lender Term up to 40 years 	Same as direct FO
Direct Farm Ownership Microloan (FO ML)	\$50,000	<ul style="list-style-type: none"> Rate based on agency borrowing costs Term up to 25 years 	<ul style="list-style-type: none"> Purchase farm Construct buildings or other capital improvements Soil and water conservation Pay closing costs
Direct Down Payment Farm Ownership Program	The lesser of 45% of: <ul style="list-style-type: none"> the purchase price; the appraised value; or \$667,000 (\$300,150 maximum) 	<ul style="list-style-type: none"> Rate is direct FO rate less 4% with a floor of 1.5% Term of 20 years Down payment of at least 5% 	Purchase of farm by a beginning or underserved farmer
Direct Operating (OL)	\$400,000	<ul style="list-style-type: none"> Rate based on agency borrowing cost Term from 1 to 7 years 	<ul style="list-style-type: none"> Purchase livestock, poultry, equipment, feed, seed, farm chemicals, and supplies Soil and water conservation Refinance debts with certain limitations
Direct Operating Microloan (ML)	\$50,000	Same as direct OL	Same as direct OL
Direct Emergency	100% actual or physical losses \$500,000 maximum program indebtedness	<ul style="list-style-type: none"> Rate is based on the OL rate plus 1%; with a cap of 3.75% Term from 1 to 7 years for non- real estate purposes Term up to 40 years for physical losses on real estate 	<ul style="list-style-type: none"> Restore or replace essential property Pay all or part of production costs associated with the disaster year Pay essential family living expenses Reorganize the farming operation Refinance debts with certain limitations

Microloan One of Many Farm Service Agency Farm Loan Products.

Download the full matrix here:

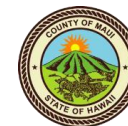
<https://bit.ly/FSAFLI320>

USDA FSA Link

<https://www.fsa.usda.gov/programs-and-services/farm-loan-programs/index>

FSA General Forms Website

<https://forms.sc.egov.usda.gov/eForms/welcomeAction.do?Home>



Microloan Summary

- Direct operating loan with a maximum loan amount of \$50,000.
- Shortened application process and reduced paperwork.
- Allows flexibility with managerial requirements.
- Provide some flexibility in loan security.
- Assist the agricultural community by creating opportunities to start new businesses;
- Fulfill financial operating needs of beginning, niche and the smallest of family farm operations.

USDA FSA Link

<https://www.fsa.usda.gov/programs-and-services/farm-loan-programs/index>

General Forms Website

<https://forms.sc.egov.usda.gov/eForms/welcomeAction.do?Home>

Farm Service Agency
*America's Lender of First
Opportunity*

Helpful Links

Visit www.farmers.gov

PPP Application and EIDL Application Videos, Power Points and Q&A

<http://www.mauibizassist.com>

Brain Gain Hawaii

www.braingainhi.com

Cares Act Resource Folder:

2020-04-16 v14 v2 Save Hawaii Jobs and Businesses Memo for Employers.pdf

Covid-19 Maui Nui Website

www.covid19mauinui.com

Have a
question?

Need Help?

Maui County Farm Service Agency

Phone: (808) 871-5500 ext 2

Email: james.robello@usda.gov

Richard.nichols@hi.usda.gov

Website: www.farmers.gov

Address 77 Hookele St, #201, Kahului, HI 96732

SBDC

Phone: 808-875-5990

Email: Library@hisbdc.org

Website: www.hisbdc.org

MEDB

Phone: 808-270-6803

Email: info@hightechmaui.com

Website: www.medb.org



Mahalo!

