

2024 Drought Assistance Program Application



Administered by the Ohio Department of Agriculture in cooperation with Soil and Water Conservation Districts

Section A: Producer Information

Name: _____ County: _____

Name should be the same as USDA FSA Livestock Forage Disaster Program application

Mailing Address: _____

Phone Number: _____ Email Address: _____

1. Does your livestock operation encompass multiple counties? Yes _____ No _____

If yes, did you apply for USDA's LFP program in other counties? (Please list counties below)

2. Did you apply for USDA's LFP program in any county outside the 28-county project area? Yes _____ No _____

Enter LFP net payment amount reported from USDA FSA: _____

3. Does the LFP net payment amount above include payments for losses in multiple counties? Yes _____ No _____

If the answer is yes to any of the questions above, additional information from USDA FSA may be necessary to verify LFP payment and to determine eligible state payment amount.

The state drought assistance program payment is based on a percentage of the net USDA FSA LFP payment received. Once the USDA FSA LFP enrollment period ends, state drought assistance program payment amounts will be determined for individual producers after March 1st.

Section B: Producer Certification

Any person or legal entity with an Adjusted Gross Income (AGI) that exceeds \$900,000 is not eligible for state drought assistance benefits.

In signing below, I understand the following: 1) I am applying for the drought assistance program and I recognize additional information may be needed from the USDA Farm Service Agency (FSA) for the Soil and Water Conservation District (SWCD) to verify or determine payment amount and program eligibility. 2) I am authorizing the SWCD to request any records necessary from the USDA FSA to verify or determine eligibility and payment. 3) I am authorizing the USDA FSA to release any necessary records related to the Livestock Forage Disaster Program (LFP) to the SWCD to determine eligibility and payment for the state drought assistance program. 4) I am certifying that only fields within the Program's 28 county area are being submitted. 5) I must complete and submit IRS form W-9 to the SWCD to be eligible and receive state payment.

(print name) (signature) (date)

Office Use Only: _____ x _____ = _____
(USDA LFP payment) (percentage paid) (state drought assistance payment)