



COMMONWEALTH of VIRGINIA

Department of Agriculture and Consumer Services

State Milk Commission

PO Box 1163, Richmond, Virginia 23218

Phone: (804) 786-2013 | Fax: (804) 371-8700 | Email: milk@vdacs.virginia.gov

Sign up for the 2024 USDA-FSA Dairy Margin Coverage (DMC) Program opens on Wednesday, February 28 and runs through April 29. The Virginia Department of Agriculture and Consumer Services will administer the Dairy Producer Margin Coverage Premium Assistance Program (Program) that reimburses dairy farmers for the DMC Tier 1 premium payment. To qualify for the reimbursement, a dairy farm must meet the following criteria:

- Maintain a grade A milk permit issued by the Virginia Department of Agriculture and Consumer Services.
- Be actively producing milk in Virginia at the time of application.
- Have an active resource or nutrient management plan as approved by the Department of Conservation and Recreation (DCR) or a local soil and water conservation district **OR** have a plan that is under review by DCR or a local soil and water conservation district.
- Submit a completed and signed Commonwealth of Virginia Substitute W-9 form.
- Be enrolled in the 2024 USDA-FSA DMC Program at the Tier 1 coverage level **AND** have paid the annual premium in full.

Copies of the required documents should be included when returning an application; do not send original documents.

Applications should be mailed to:

Virginia Department of Agriculture and Consumer Services
Attention: DPMC Premium Assistance Program
PO Box 1163
Richmond, Virginia 23218

Program reimbursement funds are limited and available on a first-come, first-served basis. Only complete applications received before **May 15, 2024** will be considered.

Questions regarding the Program should be directed to the State Milk Commission at 804-786-2013 or milk@vdacs.virginia.gov.



VIRGINIA DEPARTMENT
OF AGRICULTURE AND
CONSUMER SERVICES

Department of Agriculture and Consumer Services
Attention: VDACS DPMC Premium Assistance Program
PO Box 1163, Richmond, Virginia 23218
804-786-2013 | www.vdacs.virginia.gov/food-state-milk-commission
DAIRY PRODUCER MARGIN COVERAGE PREMIUM ASSISTANCE PROGRAM

Form DPMCPAP-24 (revised 02/2024)

VDACS Finance Code: 448

Applicant Information

Contact Name:	
Contact Phone Number:	
Contact Email Address:	
Farm Name:	
Contact Address:	
City, State, ZIP Code:	
Grade A License Number:	
Cooperative:	

	<i>This application and supporting documents must be received no later than MAY 15, 2024, and include COPIES (do not send originals) of the documents below. Checked boxes indicate that documents are retained by VDACS and resubmission is not required unless there have been changes to your business.</i>
	Commonwealth of Virginia Substitute W-9 Form
	Cover letter from a current resource or nutrient management plan approved by the Department of Conservation and Recreation (DCR) or a local soil and water conservation district
	Proof of enrollment AND proof of payment in full for the current program year in the Tier 1 level of the USDA Farm Service Agency Dairy Margin Coverage Program (Form CCC-801 preferred)

I have reviewed the information above and certify that it is accurate:

Signature	Printed Name	Date
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VDACS Internal Use Only			
Date Received:		Control #:	
Date Reviewed:		Check #:	
Reviewer:		Check Amount:	
Approved (Y/N):		Check Sent Date:	
Comments:			

Request for Taxpayer Identification Number and Certification



Section 1 - Taxpayer Identification

<input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) _____	Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number . The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.
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Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions) _____	Legal Name: _____	
	Business Name: _____	

Entity Type	Entity Classification	Exemptions (see instructions)
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Legal Services <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Joint Venture <input type="checkbox"/> VA Local Government <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Federal Government <input type="checkbox"/> OTH Government <input type="checkbox"/> VA State Agency <input type="checkbox"/> Other	Exempt payee code (if any): _____ (from backup withholding) _____ Exemption from FATCA reporting code (if any): _____

Contact Information		
Legal Address: _____ City: _____ State : _____ Zip Code: _____	Name: _____ Email Address: _____ Business Phone: _____	
Remittance Address: _____ City: _____ State : _____ Zip Code: _____	Fax Number: _____ Mobile Phone: _____ Alternate Phone: _____	

Section 2 - Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification

Printed Name:		
Authorized U.S. Signature:		Date: