

**Young or Beginning Farmers & Ranchers Application for Wildfire Relief Financial Assistance**

This fund is held and administered by The Kansas Farm Bureau Foundation, a not for profit 501(c)(3) corporation organized under the laws of the State of Kansas. It has been made available through the incredible efforts of YF&R representatives throughout the United States, and through a generous gift from Monsanto. Awards of assistance are based on availability of funds, impact of the wildfires, and financial need. Recipients must be young or beginning farmers or ranchers who derive a significant portion of their individual or joint income from farming and ranching. [*This is a fillable form. Click near the upper left corner of each fillable blank to enter your text. You may also print and fill out the application.*]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Applicant’s full legal name: (as reported on paperwork filed with the IRS) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Doing business as: (if different from legal name) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| EIN # (or social security number, if an individual): | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Mailing address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | State: | | | | |  | | | | | | | | | | | | Zip code: | | | | | |  | |
| Telephone #: | | | | |  | | | | | | | | | | | | | | | | | | | Fax #: | |  | | | | | | | | | | | |
| Principal agent if applicant is an entity or trust: (e.g. President if applicant is a corporation) | | | | | | | | | | Name: | | | | | | | | | | | | | | | Telephone #: | | | | | | | |  | | | | |
| Title: | | | | | | | | | | | | | Email address: | | | | |  | | | | | | | | | |
| Main contact for this application (if applicant is an entity or trust): | | | | | | | | Name: | | | | | | | | | | | | | | | | | Telephone #: | | | | | | | |  | | | | |
| Title: | | | | | | | | | | | | | | | Email address: | | | | |  | | | | | | | | | |
| Are you a young and/or beginning farmer (are you 35 years old or younger, OR have you been actively engaged in farming and ranching for fewer than 10 years, during which time these farming and ranching activities accounted for a significant portion of your household income)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes or No  (Please select one) | | | | | | |
|  | | | What is your date of birth (or if the applicant is an entity, then the date of birth of the applicant's principal agent)?: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | For how many years has the applicant filed a Schedule F?: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Is the applicant the sole owner of the property that was damaged by wildfires in March 2017? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes or No  (Please select one) | | | | | | | | | | |
|  | | | If you answered “No” to the previous question, please describe the applicant’s ownership interest, and list all additional owners of the property damaged: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | If you are not the sole owner of the damaged property, has any other owner submitted an application, (or do they plan to submit an application) for financial assistance through the Kansas Farm Bureau Foundation Young Farmers & Ranchers Relief program? | | | | | | | | | | | | | | | | | | | | | | | | Yes or No  (Please select one) | | | | | | | | | | |
| Where did the wildfire damage occur?: (address, or approximate location, and county) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Number of acres burned in your operation: | | | | | | | | |  | | | | | | | | | | | Total acreage of your operation: | | | | | | | | | | | | | |  | | | |
| Total livestock inventory prior to fire: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Cows/Heifers: | | | | |  | | | | | | | Calves: | | | | | | | |  | | | | | | | Bulls: | | | | | |  | | |
|  | | Other (please describe): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of livestock died/euthanized as a result of fire: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Cows/Heifers: | | | | |  | | | | | | | Calves: | | | | | | | |  | | | | | | | Bulls: | | | | | |  | | |
|  | | Other (please describe): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| How much fence will you have to repair?: | | | | | | | | | | | | | | | miles | | | | | | | | | | | | | | | | | | | | | | |
| How much fence will you have to replace?: | | | | | | | | | | | | | | | miles | | | | | | | | | | | | | | | | | | | | | | |
| What was the approximate smoke and fire damage to farm and ranch structures used in your operation (including barns, sheds, other structures, but excluding dwellings/residences)? (in dollars) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Other losses not captured above (please describe in detail, and provide dollar figures, you may include a separate sheet of paper if needed): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated total amount of loss to operation as a result of wildfires: (in dollars) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Was your residence or primary dwelling damaged or destroyed by the fire? | | | | | | | | | | | | | | | | | | | | | | | | Yes or No  (Please select one) | | | | | | | | | | | | | |
| Does your operation anticipate receiving financial assistance or loss payments through other programs (including but not limited to, insurance, government programs, other charitable organizations): | | | | | | | | | | | | | | | | | | | | | Yes or No  (Please select one) | | | | | | | | | | | | | | | |
|  | | | | If you answered “Yes” to the previous questions, please describe the anticipated source and amount of other assistance (do not include insurance payments for dwelling/residence): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| What amount of assistance are you requesting through the YF&R Wildfire Relief fund held at The Kansas Farm Bureau Foundation?: (dollar amount) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| If you receive assistance through this program, how do you anticipate using it? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |

Signature if the applicant is an *individual*:

|  |  |  |  |
| --- | --- | --- | --- |
| I certify to the best of my knowledge, and under penalty of perjury under the laws of the United States of America, that all the information provided in the foregoing application is true and correct. I understand that there is no guarantee of receiving a financial award. If I am awarded funds, they will be used for the sole and lawful purpose of wildfire recovery efforts. This certification is executed on the date next to my signature. [*Typing your name in the signature box below will serve as an electronic signature.*] | | | |
| Signature: |  | Date: |  |
| Check this box to verify that you have read and agree to the terms above. | | | |

Signature if the applicant is *an organized business entity or a trust*:

|  |  |  |  |
| --- | --- | --- | --- |
| I certify to the best of my knowledge, and under penalty of perjury under the laws of the United States of America, that all the information provided in the foregoing application is true and correct, and that I have full power and authority to submit this application on behalf of the applicant. I understand that there is no guarantee of receiving a financial award. If funds are awarded to the applicant, they will be used for the sole and lawful purpose of wildfire recovery efforts. This certification is executed on the date next to my signature. [*Typing your name in the signature box below will serve as an electronic signature.*] | | | |
| Signature: |  | Date: |  |
| Title: |  | | |
| Check this box to verify that you have read and agree to the terms above. | | | |

RETURN COMPLETED APPLICATIONS **BY JUNE 16, 2017**, TO: Vickie Hoover, Operations Manager, Kansas Farm Bureau Foundation for Agriculture, 2627 KFB Plaza, Manhattan, KS 66503, hooverv@kfb.org; Phone: 785-587-6614.