





## HIGHLY PATHOGENIC AVIAN INFLUENZA RECOVERY REIMBURSEMENT GRANT GUIDELINES

Administered by the Pennsylvania Department of Agriculture to provide reimbursement to farms, integrators, and allied industries, directly impacted by Highly Pathogenic Avian Influenza (HPAI) by suffering demonstrable financial losses due to inclusion in a control or quarantine zone. This fourth round is open to any business or poultry farm location affected by the “General Quarantine Order; Virus Control for Highly Pathogenic Avian Influenza Poultry, Poultry Litter, Conveyances, Feed, Refuse, Containers and Material Standards”.

Eligible expenses for poultry farmers (F), poultry integrators (I), and business (B) include:

- Loss of income (F, I, B)
- Payroll costs, costs related to the continuation of group health care benefits during periods of paid sick, medical or family leave, and health insurance premiums. (I, B)
- Mortgage interest payments. (F, B)
- Rent payments. (F, B)
- Utility payments. (F, B)
- Working capital for the purpose of covering costs of re-opening farming operations after being fully or partially closed due to the state or federally mandated quarantine period. (I)

Expense not eligible include:

- Losses or costs eligible for or covered by Federal funding, insurance, contracts or other funding sources.

Losses up to **\$100,000.00** will be reimbursed at 100%. Losses of amounts over \$100,000.00 may be reimbursed on a percentage basis, based on the number of applications received and available funding.

Applications will be accepted until 90 days from grant announcement date.

1. Applicant’s Name of individual completing this application.
2. Payee(s)’s Name: Please either complete A or B. If completing A, include the Business/Farm Legal Name and its Employer Identification Number. If completing B, list all individuals who receive income from the farm and their social security number. (IE. In case of spouses, list both spouses and their social security numbers.)
- 3-11. Owners’ contact information. This is where any and all correspondence, as well as the direct reimbursement check will be mailed. If you do not have a fax number or email address, you may leave that blank.
12. Premise ID number and Federal Premise ID (if applicable).
13. Date range your premise or business was impacted by HPAI.
14. Briefly describe the nature of disruption experienced by your premise/business.
15. Briefly describe the type of production or operation conducted on your premise/business and/or the species type(s) located at your premise/business.
16. Indicate whether you have an approved bio-security plan and provide the date it was last reviewed by the Department of Agriculture (if applicable).
17. Amount for which you are seeking reimbursement: Attach an IRS Form 1040 for your most recent tax filing year with your application **OR** any related itemized invoices, bills, or receipts, as appropriate to document loss. Please provide as much detail supporting your documented loss request.
18. Applicant’s Signature and Date: Please sign and date the application and return to the address below.

If you have any questions, or need additional information, please contact Morgan Sheffield at 717-787-3568 or by email at [msheffield@pa.gov](mailto:msheffield@pa.gov).

Submit Applications to:

Pennsylvania Department of Agriculture  
Attn: Morgan Sheffield  
2301 North Cameron Street  
Harrisburg, PA 17110