

Application Instructions
 2007 CATFISH FEED COMPENSATION PROGRAM
 California Department of Food and Agriculture (CDFA) - Inspection Services
 1220 "N" Street, Sacramento, CA 95814

INSTRUCTIONS FOR COMPLETING FORM CDFA-CFCP-07

Box	Instructions
1-A, B, C, D, E	Enter the name, address, phone number, fax number, cell phone number and email address of the catfish producer filing the application. If the catfish producer is a partnership, joint venture, or corporation; enter the name, address, and telephone number of partnership, joint venture, or corporation's contact person.
2-A, B	If the catfish producer is a partnership, check Box 2-A and enter the number of members in Box 2-B. Attach a copy of the initial business formation documents showing the names of the partners.
3-A, B	If the catfish producer is a joint venture, check Box 3-A and enter the number of members in Box 3-B. Attach a copy of the initial business formation documents showing the names of the partners.
4	Enter the social security number of the individual, or the tax identification number of the partnership, joint venture, or corporation entered in Box 1-A-E.
5	Enter the county or counties of production for the producers entered in Box 1-A-E.
6	Enter the dates during which production occurred in the counties entered in Box 5.
7-A, B, C	Enter the TOTAL eligible losses from Method 1-Schedule A, Box 21 filed for EACH of the applicable years in corresponding Boxes 7-A, B, and C. (See instructions for Schedule A.)
8-A, B, C	Enter the TOTAL eligible losses from Method 2 -Schedule B, Boxes 28, 30, 32 filed for EACH of the applicable years in corresponding Boxes 8-A, B, and C. (See instructions for Schedule B.)
9	Check the box corresponding to the year for which you would like to claim compensation.
10	Check the box marked NO if you have never claimed catfish feed losses from any other government or state compensation program before. If you have claimed such losses, check the box marked YES.
10- B, C, D, E, F, G	Indicate the type of federal compensation/assistance in Box 10- B, D or E and specify the amount(s) claimed in Box 10-C, E, and G, as applicable.
11	If you have Form AD-1026 on file, check the box marked YES. If not, check the box marked NO.
12	If you have Form CCC-526 on file, check the box marked YES. If not, check the box marked NO.
13	If your adjusted gross income (AGI) has exceeded \$2.5 million dollars, check the box marked Yes; if not, check the box marked NO.
14-A, B, C, D	Print the producer's name in Box 14-A. Enter the date you completed Form CDFA-CFCP-07 in Box 14-b. Sign in Box 14-C, and enter title (eg., president, manager, etc.) in Box 14-D.

INSTRUCTIONS FOR COMPLETING FORM CDFA-CFCP-07A (METHOD 1-SCHEDULE A)

Box	Instructions
15	Check the box that corresponds to the year detailed on form CDFA–CFCP-07A. File one form for EACH year.
16	Enter a brief description in Column 16 of the type of loss(es) as a result of a natural disaster (eg., damaged feed due to excessive moisture, lost production days, etc.).
17	Enter the dollar value of losses in Column 17 as a result of the damage claimed in each corresponding line in Column 16.
18	List the types of documents in your possession (eg., tax forms, feed repurchase receipts, etc.) that can be used to substantiate losses claimed for each corresponding loss in Columns 16 and 17.
19	Enter the dates during which you incurred the loss(es) claimed for each corresponding loss in Columns 16 and 17.
20-A, B	Enter the name of the disaster-designated county where the loss occurred in Box 20-A. Using the Eligibility Database (attached), find the Disaster Designation Number corresponding to the natural disaster that caused the losses claimed and enter it in Box 20-B.
21	Add values entered in column 17 and enter the total in Box 21. Transfer this value onto Form CDFA–CFCP-07, Box 7-A, B or C, where applicable. If no losses were incurred in any one year, enter 0 in the corresponding Box 7-A, B or C on Form CDFA–CFCP-07.
22-A, B, C, D	Print the producer’s name in Box 22-A. Enter the date you completed Method 1-Schedule A in Box 22-B. Sign in Box 22-C, and enter title (eg., president, manager, etc.) in Box 22-D.

INSTRUCTIONS FOR COMPLETING FORM CDFA-CFCP-07A (METHOD 2-SCHEDULE B)

Box	Instructions
23	Enter the name and address of the dealer or processor where you purchased catfish feed from January 2, 2005 through February 27, 2007.
24-A	If the feed was purchased in 2005, enter the number of tons purchased by each producer in Column 24-A.
24 B	Multiply the values entered in Column 24-A by \$24 and enter the totals in the corresponding boxes of Column 24-B.
25-A	If the feed was purchased in 2006, enter the number of tons purchased by each producer in Column 25-A.
25-B	Multiply the values entered in Column 26-A by \$26 and enter the totals in the corresponding boxes of Column 25-B.
26-A	If the feed was purchased in 2007, enter the number of tons purchased by each producer in Column 26-A.
26-B	Multiply the values entered in Column 26-A by \$29 and enter the totals in the corresponding boxes of Column 26-B.
27	Add all the values entered in Column 24-A and enter the total in Box 27.
28	Add all the values entered in Column 24-B and enter the total in Box 28.
29	Add all the values entered in Column 25-A and enter the total in Box 29.
30	Add all the values entered in Column 25-B and enter the total in Box 30.
31	Add all the values entered in Column 26-A and enter the total in Box 31.
32	Add all the values entered in Column 26-B and enter the total in Box 32.
33-A, B, C, D	Print the producer’s name in Box 33-A. Enter the date you completed Method 2-Schedule B in Box 33-B. Sign in Box 33-C, and enter title (eg., president, manager, etc.) in Box 33-D.