**Application for the**

**USDA Grass Fed Program for Small and Very Small Producers - Cattle**

*Refer to QAD 1020 Procedure for directions on submitting this form*.

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| **Date:** |  |
| Producer Contact/Name: |  |
| Ranch/Farm Name: |  |
| Physical address of Ranch/FarmCity, State, Zip Code: |  |
| Producer Contact Phone:Producer Contact Cell Phone:Producer Contact Fax Number: |  |
| Email Address: |  |
| Billing Address if different from Physical address: |  |
| Once your application is received, a USDA AMS employee will contact you by phone and/or email to discuss your Grass Fed application. The employee will explain the application and review process and begin your assessment. Additional records and/or phone calls may be required to finalize your application. Due to complexities of each individual operation an onsite audit may be required. |

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| Explain your Grass Fed Operation Below (additional pages may be included if needed). |
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Answer the following questions to

**Identify Conformance to the Grass Fed Claim**

**(Provide Detail Information)**

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| **Type of Farm/Ranch:**Cow/calf (sell calves off farm/ranch)Cow/calf/finish operation, (finish calves on farm/ranch)BackgrounderYearling Operation |  |
| **Number/type of animals wishing to enroll in program:**(Cows, Calves, Yearlings, Bulls) |  |
| **Do you have animal identification/records?**(i.e. Ear Tags, Tattoo, Brands) |  |
| Total number of animals and acres in operation to support grazing animals |  |
| Types of forage raised on operation to supplement feeding as necessary, also number of Acres. |  |
| Do you buy supplemental forages for feeding in non-grazing season? | Type: |  |  |  |
| Amount(s): |  |  |  |
| Records kept: |  |  |  |
| What is your typical grazing season/period? |  |
| Do you raise grains, or buy grain by products for use on farm/ranch. If yes, explain how products are not used in grass fed program. |  |
| Do your animals consume any grain products? If yes, explain. |  |
| Do your animals receive routine mineral, liquid, and or vitamin supplements? (describe) |  |
| Have your animals been supplemented with non-forage feedstuffs during times of adverse environmental or physical conditions (explain in detail according to QAD 1020 Procedure requirements)? |  |
| Have your animals had any inadvertent exposure to non-forage feedstuff (such as getting into neighbor’s grain fields or your own grain supply if available)? If yes, provide details according to QAD 1020 Procedure requirements. |  |
| Will you be marketing/labeling your animals with the USDA Grass Fed claim? |  |
| Do you purchase outside animals to be approved for the grass fed program? |  |
| How would you control animals that become non-conforming animals and not marketed as grass fed? |  |
| What type of records do you keep to verify conformance to grass fed program?Length of time records are kept: |  |

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| **An important component and requirement of this program is the AMS QAD Web listing of all approved farms and ranches. At a minimum we must post the name and location of the farm or ranch. In signing this you are agreeing to allow us to list your farm or ranch on this listing.**Information provided in this application is needed to authorize USDA employees to perform the requested service (7 CFR 62). You may by law, be fined up to $10,000, imprisoned up to 5 years, or both for knowingly or willfully making false statements within this document (18 U.S.C. Section 1001).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name (Producer) Signature (Producer) Date |