

Pennsylvania Center for Poultry & Livestock Excellence

PPE (Personal Protective Equipment) Reimbursement Program Application – May 2020

Business Information

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address/Mailing Address*

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

County: \_\_\_\_\_ Approx. Number of Animals Processed Annually: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Animals Processed at Your Facility: *check all that apply*

Poultry	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Swine	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Lamb/Goat/Sheep	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Total Amount of Reimbursement Requested: \$ \_\_\_\_\_ (copied of paid receipts/invoices must accompany this form when submitted)

Breakdown of Reimbursement:  
\$ \_\_\_\_\_ for Bilingual Signage and Training Materials (max award is \$1,000)  
\$ \_\_\_\_\_ for Prevention and Surveillance (max award is \$5,000)  
\$ \_\_\_\_\_ for PPE (max award is \$10,000)

To whom should the reimbursement check be made payable to: \_\_\_\_\_

PPE Reimbursement Eligibility Disclaimer and Signature

*I have read the PPE Reimbursement Criteria and my signature below certifies the information I provided above as well as the copies of paid receipts for PPE are truthful.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Signature Above: \_\_\_\_\_

***This program is open until the funding is allocated or noon on June 12, 2020, whichever comes first***