## Instructions For CCC-917

## *COTTON AND WOOL APPAREL PROGRAM (CAWA) APPLICATION*

Applicants use this form to apply for CAWA payments.

In addition to CCC-917, you must also submit the following to complete your application:

- Signature authority, if an entity

Submit the original of the completed application and additional documentation electronically by email to CAWA@usda.gov

## *Applicants must complete Items 2 through 18.*

***Item 19 is for CCC use only.***

***Items 2-18***

| Field Name / Item No. | Instruction |
|---|---|
| 2<br>Application No. | This will be automatically populated, leave blank. |
| 3<br>Applicant Name | Enter the applicant's name.<br><br>**Note:** The applicant's name in Item 3 **must** match the entity listed on the signature authority documentation, if applicable. |
| 4<br>Applicant's Address | Enter the applicant's address (including ZIP code). |
| 5<br>Applicant's Phone Number *(include Area Code)* | Enter the Applicant's Phone Number (include Area Code). |
| 6<br>UEI | Enter the applicant's UEI (Unique Entity ID).<br><br>**Note:** If the applicant does not have a UEI they must obtain one from https://SAM.gov . Follow the instructions on the website to request a UEI. If the applicant only has a DUNS, please go to https://SAM.gov to find your UEI which will have been already assigned to you. |

| Field Name / Item No. | Instruction |
|---|---|
| 7<br>Contact Name | Enter the contact's name. This is the individual who FSA may contact regarding the application. |
| 8<br>Contact's Address | Enter the contact's address (including ZIP code). |
| 9<br>Contact's Phone Number *(include Area Code)* | Enter the Contact's Phone number *(include Area Code)*. |
| 10<br>Email Address | Enter the contact's email address. |
| 11<br>Business Type | Shows the eligible business types for CAWA. Applicants should fill out the appropriate corresponding rows for their specific business type(s).<br>• Apparel Manufacturer<br>• Pima Cotton Spinner<br>• Wool Fabric Manufacturer and/or Spinner |
| 12<br>Pandemic impact on gross sales or consumption (%) | Enter the percent reduction in calendar year 2020 when compared to 2017, 2018, or 2019.<br><br>Notes:<br>• Apparel manufacturers must use gross sales as a comparison to figure percent decrease.<br>• Pima Cotton Spinners and Wool Fabric Manufacturers and/or spinners may use gross sales or consumption as a comparison to figure percent decrease. |
| 13<br>Identify Year 2017, 2018, 2019 | Enter the year in which the gross sales or consumption being entered in the following columns occurred. |
| 14<br>Gross sales (in dollars) from year in column 13 | Enter the gross sales (in dollars), for eligible products only, for the year entered in Item 13.<br><br>Notes:<br>• This item must be completed by Apparel Manufacturers to receive a payment.<br>• Pima Cotton Spinners and Wool Fabric Manufacturers and/or Spinners are not eligible to enter gross sales. |
| 15<br>Consumption (in pounds) from year in column 13 | Enter the consumption (in pounds), for eligible products only, for the year entered in Item 13.<br><br>Notes:<br>• Apparel Manufacturers are not eligible to enter consumption.<br>• This item must be completed by Pima Cotton Spinners and Wool Fabric Manufacturers and/or Spinners to receive a payment. |
| 16<br>Agency adjusted 2017/2018/2019 gross sales | For CCC use only, leave blank. CCC may enter the adjusted 2017, 2018, or 2019 adjusted gross sales, if applicable.<br><br>**Note:** An entry is only required when CCC determines 2017, 2018, or 2019 gross sales are different than what is certified to by the applicant in Item 14. |

| Field Name / Item No. | Instruction |
|---|---|
| 17<br>Agency adjusted 2017/2018/2019 consumption | For CCC use only, leave blank. CCC may enter the adjusted 2017, 2018, or 2019 adjusted consumption, if applicable.<br><br>**Note:** An entry is only required when CCC determines 2017, 2018, or 2019 consumption is different than what is certified to by the applicant in Item 15. |
| 18A<br>Applicant's Signature | Applicant signature. Print the form and manually enter your signature. |
| 18B<br>Title/ Relationship of the Individual Signing in the Representative Capacity | If you are signing on behalf of an entity enter your representative title/relationship to the entity.<br><br>**Note:** If you are **not** signing in the representative capacity, this field should be left blank. |
| 18C<br>Date | Enter the date the form is signed. *(MM-DD-YYYY)* |

***Part D is for CCC use only.***