

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 requested by FSA
- A business plan if the applicant is not currently in business and is restarting operations

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 Application No.	This will be automatically populated, leave blank.
3 Applicant Name	Enter the applicant's name. Note: The applicant's name in Item 3 must match the entity listed on the signature authority documentation, if applicable.
4 Applicant's Address	Enter the applicant's address (<i>including ZIP code</i>).
5 Applicant's Phone Number (<i>include Area Code</i>)	Enter the applicant's Phone Number (<i>include Area Code</i>).
6 UEI	Enter the applicant's UEI (<i>Unique Entity ID</i>). 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 Contact Name	Enter the contact's name. This is the individual who FSA may contact regarding the application.
8 Contact's Address	Enter the contact's address (<i>including ZIP code</i>).
9 Contact's Phone Number (<i>include Area Code</i>)	Enter the contact's Phone number (<i>include Area Code</i>).
10 Email Address	Enter the contact's email address.
11 Business Type	Shows the eligible business types for CAWA. Applicants should fill out the appropriate corresponding rows for their specific business type(s). <ul style="list-style-type: none"> • Apparel Manufacturer • Pima Cotton Spinner • Wool Fabric Manufacturer and/or Spinner
12 Pandemic impact on gross sales or consumption (%)	Enter the percent decrease in calendar year 2020 when compared to calendar year 2017, 2018, or 2019. <p>Notes:</p> <ul style="list-style-type: none"> • Apparel manufacturers must use gross sales to calculate the percent decrease. • Pima Cotton Spinners and Wool Fabric Manufacturers and/or spinners may use gross sales or consumption to calculate the percent decrease. <p>Example: 2020 Gross Sales is \$500,000, 2017 Gross Sales is \$750,000. The percentage decrease is calculated by $(\\$750,000 \text{ minus } \\$500,000)$ divided by \$750,000 equals a 33.3% decrease in calendar year 2020 compared to 2017.</p>
13 Identify Year 2017, 2018, 2019	Enter the year for which gross sales or consumption is reported in Item 14 or Item 15.
14 Gross sales (<i>in dollars</i>) from year in Item 13	Enter the gross sales (<i>in dollars</i>), for eligible products only, for the year entered in Item 13. <p>Notes:</p> <ul style="list-style-type: none"> • This item must be completed by Apparel Manufacturers to receive a payment. • Pima Cotton Spinners and Wool Fabric Manufacturers and/or Spinners are not eligible to enter gross sales.
15 Consumption (<i>in pounds</i>) from year in Item 13	Enter the consumption (<i>in pounds</i>), for eligible products only, for the year entered in Item 13. <p>Notes:</p> <ul style="list-style-type: none"> • Apparel Manufacturers are not eligible to enter consumption. • This item must be completed by Pima Cotton Spinners and Wool Fabric Manufacturers and/or Spinners to receive a payment.

Field Name / Item No.	Instruction
16 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 during spot checks. 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.
17 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 during spot checks. 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 Applicant's Signature	Applicant signature. Print the form and manually enter your signature.
18B 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. Note: If you are not signing in the representative capacity, this field should be left blank.
18C Date	Enter the date the form is signed. (MM-DD-YYYY)

Part D is for CCC use only.