

# REAP Technical Assistance Program



**NYSERDA**



**Rural Development**  
U.S. DEPARTMENT OF AGRICULTURE

For questions or assistance, please call 1-800-732-1399. Puede recibir una versión en español de este documento enviando un correo electrónico a [rtap@nyserda.ny.gov](mailto:rtap@nyserda.ny.gov).

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Farm Name Contact Person & Title

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Farm Address

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City **NY** State Zip County

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What Utility Company Provides the Electricity to this Location

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Primary Phone Email

Morning  Afternoon  Evening

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Secondary Phone Best Time To Call

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Correspondence Address (if different from Farm Address)

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City State Zip County

Brief description of farm operation (include farm type, size, annual production and number of employees)

Have you had an energy audit in the last two (2) years?  Yes  No

If yes, was it through NYSERDA's Agriculture Energy Audit Program?  Yes  No

Don't have a recent energy audit? Go to [NYSERDA's Agriculture Energy Audit Program \(AEAP\)](#) to learn how to get a free energy audit.

I, the Applicant, certify that the farm or rural business named on this application is interested in participating in the REAP Technical Assistance Program (RTAP) and will provide all necessary documentation as requested to make a complete project application to REAP.

I also agree with the following statements:

1. I am a New York State agricultural producer or rural small business.
2. If I identify as an agricultural producer, I guarantee that 50 percent of my gross income comes directly from agricultural operations.
3. I have NO outstanding delinquent federal taxes, debt, judgment, or debarment.
4. I will provide utility data for the farm. I understand that utility data may include electricity, propane, natural gas, heating oil, wood, or other energy used for stationary equipment.
5. I will provide a recent energy audit and any additional documents needed to apply for USDA REAP incentives.

Applications will be processed in the order received until program funds are fully committed.

***I certify that I am an authorized signatory for the Applicant.***

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Authorized Applicant Signature

Date

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Name and Title (please print)

Completed applications can be submitted via email or mail.

Email:  
[rtap@nyserda.ny.gov](mailto:rtap@nyserda.ny.gov)

Mail:  
**NYSERDA**  
**ATTN: AEAP Program Administrator**  
**17 Columbia Circle, Albany, NY 12203-6399**

This institution is an equal opportunity provider. This project was conducted in cooperation with USDA Rural Development. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office. Or, write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail:  
U.S. Department of Agriculture Office of the  
Assistant Secretary for Civil Rights 1400  
Independence Avenue, SW, Washington, D.C.  
20250-9410

Fax:  
(833) 256-1665 | (202) 690-7442

Email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity:

- Hispanic or Latino  
 Not Hispanic or Latino

Race: (Mark one or more)

- White  
 Black or African American  
 American Indian/Alaska Native  
 Asian  
 Native Hawaiian or Other Pacific Islander

Gender:

- Male  
 Female  
 Non-Binary



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