

HUNTERS SHARING THE HARVEST

PENNSYLVANIA'S VENISON DONATION PROGRAM

2020 SEASON PARTICIPATING PROCESSOR AGREEMENT

Please check and complete all that apply and return ASAP.

_____ **I/we are inspected or licensed. If yes, please attach a copy of certificates.**

NOTE: As of 2012 HSH participating deer processors handling venison for public food assistance charities must be inspected and certified with a specific PA Dept of Agriculture deer processor registration. **Note: This requirement is waived if your business is already registered by another county health department or the state Agricultural Licensing Departments.** (Examples include Retail Food Facility registration; Meat or Food Establishment registration; Wholesale registration; Eating & Drinking Establishment License, etc.). We want to thank our dedicated processors in advance for their patience and cooperation while we work to bring uniform food safety criteria and quality control to all of our venison donations.

For information on the necessary inspection and registration program specific to HSH, please contact the PA Dept. of Agriculture Bureau of Food Safety @ 717-787-4315 www.EatSafePA.com or the HSH office at the toll free number 866-474-2141. For your convenience a PDA Application and list of Regional offices is enclosed.

_____ **I/we do have adequate cold storage facilities.**

_____ **I/we agree to have each hunter who donates a whole deer fill out a Deer Donor receipt to be completed for EACH donated deer and provide them with a copy of the receipt.**

THIS FORM MUST BE LEGIBLE AS WE NEED TO TRACK THE LOCATION OF THE DEER FOR FOOD SAFETY.

If processing is for a DMAP Deer, PA Game Commission, Mistake-Killed deer or other categories, please check the box on the deer donor receipt so HSH can process accordingly.

Our agreed to rate will be \$ _____ to process a whole deer into 1 lb., 2 lbs. or 5 lbs. packages of ground meat.

Business Name _____

Checks Payable to (must match the SSN or the Tax ID number) _____

Business Tax ID# (EIN or SSN) _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

County _____ Email _____

Signed _____ Printed _____

Return signed agreement to:

John Plowman, Executive Director

6780 Hickory Lane, Harrisburg, PA 17112

Telephone: 717-545-1188 Email: jwp@shareddeer.org

DEADLINE TO SUBMIT THIS AGREEMENT APPLICATION TO HSH IS SEPTEMBER 15, 2020

REIMBURSEMENTS CAN NOT BE PAID UNTIL YOUR SIGNED AGREEMENT IS RECEIVED AND APPROVED.

Request for materials:

_____ I need HSH Brochures/Literature

_____ I need HSH Meat Bags: List quantity needed: 1 lb. _____ 2 lbs. _____ 5 lbs. _____

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



HUNTERS SHARING THE HARVEST

PENNSYLVANIA'S VENISON DONATION PROGRAM

6780 Hickory Lane
Harrisburg, PA 17112
1-866-HSH-2141

To: HSH Processors

PA Workers Compensation Insurance Compliance Form (SWIF)

Dear Processor:

Please fill out and mail back with a copy of your insurance certificate if needed, to the address above. The business name should be the same as on form W-9. Thank you for helping HSH be in compliance.

Statement:

As a participating HSH Processor I hereby state that I am not an employee of Hunters Sharing the Harvest charitable venison donation program, but a subcontractor (sole proprietor) who has signed a valid agreement with HSH for donated deer meat processed and distributed to area Food Banks. I work my own schedule, supply my own tools and work in my own facility inspected and registered by the PA Dept of Agriculture Bureau of Food Safety. In addition, I am fully responsible for decisions on how best to complete the task for my customers, the hunters donating deer to the HSH program.

Name _____

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ County _____

Email _____

Please check one: I am

☐ **Sole Proprietor w/o employees.** No insurance certificate required.

☐ **Sole Proprietor with employees. Enclosed is PA Workers Compensation Insurance Certificate.**

Definitions of Sole Proprietor from SWIF (State Workers' Insurance Fund) website

What If I Use Subcontractors?

Pennsylvania Workers' Compensation Act Section 302 (a) & (b) provides that a contractor is responsible for the payment of compensation benefits to employees of uninsured subcontractors. Contractors shall not subcontract all or any part of contract unless the subcontractors used have presented proof of insurance. Consequently, all contractors should keep workers' compensation certificates of insurance on file to prove coverage.

What If the Subcontractor is a Sole Proprietor?

Sole Proprietors with no employees are not required to carry workers' compensation insurance. However, detailed information must be provided to SWIF to prove that the individual is a true independent contractor. If SWIF determines that the sole proprietor is your employee, you will be charged for his/her payroll as per the appropriate classes on your policy. It is your responsibility to provide SWIF with all appropriate documentation to resolve their employment status. Currently workers compensation coverage for sole proprietor(s) is available through the State Workers' Insurance Fund.

Pennsylvania Department of Agriculture
Bureau of Food Safety and Laboratory Services
717-787-4315 • www.EatSafePA.com

Dear Owner of a Deer Processing Establishment,

As a participant in the Hunters for Sharing the Harvest program your deer processing establishment must be compliant with federal and/or state laws. Enclosed are the necessary forms and applications for obtaining a Registration from the Pennsylvania Department of Agriculture under the Food Safety Act of 2010 (3 C.S. §§5721 – 5737) as a custom **deer processor**. This registration application and inspection requirements has been specifically developed in partnership with and in consultation with the Hunters Sharing The Harvest Program's deer processor/directors Rick Fetrow, Kip Padgelek and Lorne Peters. Our goal is to minimize any inconvenience and make registration easy, while ensuring uniform food safety criteria and quality control in the future. Please note the integrity of the HSH venison charity is a foremost concern, and this is a state requirement that will yield long-term positive benefits for you as a deer processor, as well as for the ultimate consumers receiving food assistance.

If your processing establishment is approved and inspected by USDA, (US Department of Agriculture), and those same processing facilities are used for custom deer processing, you do not need Registered with the PA Department of Agriculture (PDA). Only facilities **not** inspected by USDA and who are providing custom deer processing services require registration and inspection by PDA. If any additional retail food store or food processing operation exists at this same establishment, please contact the Department to discuss proper licensing.

The enclosed material must be fully completed and returned to the appropriate Regional Office as listed below. Please note failure to provide all required information could delay your application approval. The Department of Agriculture, Regional Food Sanitarian and/or Supervisor, will review the application and contact you if further information or clarification is needed, or if approved to schedule a **registration inspection** prior to your opening for operation. If your application is disapproved, you will receive a written letter stating the reasons for the application disapproval. Applications can be resubmitted at any time. **Please allow 4-6 weeks for processing.**

DO NOT SEND MONEY WITH THIS APPLICATION. Registration fees will be collected **at the time of the inspection.** NO CASH accepted-checks or money orders only, payable to Commonwealth of PA. Initial registrations and annual renewals are \$35.00

Sincerely,
The Bureau of Food Safety & Laboratory Services Staff

MAILING ADDRESSES: The Pennsylvania Department of Agriculture
 Bureau of Food Safety and Laboratory Services

Followed by the address below....

Region 1 (Clarion, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Venango and Warren)
13410 Dunham Rd, Meadville, PA 16335 | 814-332-6890 | Fax: 814-333-1431

Region 2 (Cameron, Clinton, Columbia, Lycoming, Northumberland, Montour, Potter, Snyder, Tioga and Union)
542 County Farm Rd, Suite #102, Montoursville, PA 17754 | 570-433-2640 | Fax: 570-433-4770

Region 3 (Bradford, Carbon, Lackawanna, Luzerne, Monroe, Pike, Sullivan, Susquehanna, Wayne and Wyoming)
Rt 92 South, PO Box C, Tunkhannock, PA 18657 | 570-836-2181 | Fax: 570-836-6266

Region 4N/4S (Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland) **226 Donohoe RD, Suite 101, Greensburg, PA 15601 | 724-832-1073 | Fax: 724-832-1013**

Region 5 (Bedford, Blair, Cambria, Centre, Clearfield, Fulton, Huntingdon, Juniata, Mifflin and Somerset)
Martinsburg Commons 403 E. Christiana St. Martinsburg PA 16662 | 814-793-1849 | Fax: 814-793-1869

Region 6E/6W (Adams, Cumberland, Dauphin, Franklin, Lebanon, Lancaster, Schuylkill, Perry and York)
Romm 100, 2310 North Cameron St, Harrisburg, PA 17111 | 717-346-3223 | Fax: 717-346-3229

Region 7 (Berks, Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton, Philadelphia)
1015 Bridge Rd, Collegeville, PA 19426 | 610-489-1003 | Fax: 610-489-6119

Pennsylvania Department of Agriculture
Bureau of Food Safety and Laboratory Services
717-787-4315 • www.EatSafePA.com

APPLICATION FOR CUSTOM DEER PROCESSING

As a registered deer processor, you may label your product or packaging, publications, advertisements, etc... with the following abbreviation: **"Reg. Penna. Dept. Agr."**

This Application is intended for one establishment location

APPLICATION FOR: Deer Processors - Processing of wild caught and field dressed deer only, and not under USDA inspection.

NAME OF THE BUSINESS: _____

NAME OF THE LEGAL OWNER OF THE BUSINESS: _____

PHYSICAL ADDRESS OF PROCESSING ESTABLISHMENT: _____

_____ Street Number and Name	_____ City	_____ State	_____ Zip Code
_____ County	_____ Township/Borough		
_____ Phone Number	_____ Fax Number		
_____ Email Address	_____ Cell Number or Alternate Phone Number		

MAILING ADDRESS (If Other Than Above):

_____ Street Number and Name	_____ City	_____ State	_____ Zip Code
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WATER: The Establishment is using: (Check which one applies)

- ☐ A public/municipal water supply.
Water Company Name (example: Pa American Water) _____
- ☐ Non-municipal/private water supply (example: well water) regulated by DEP.
Department of Environmental Protection (DEP), can be reached at 717-783-2300.
- ☐ Non-public water supply (one not regulated by DEP). **If you are on a private well that is not inspected by DEP, you must have a water test done on your well water.** Contact an approved water testing laboratory in your area to make arrangements for this water testing. A coliform and nitrate/nitrate test must be performed and a current satisfactory water test must be attached to this application or made available at the registration inspection.

SEWER: The Establishment is using: (Check which one applies)

- ☐ A municipal/public sewage disposal system. Name of Sewage Authority: _____
- ☐ A non-public sewage disposal system (examples; Sand mounds, holding tanks).
Note: You must have sewage disposal system that is legally approved by your municipality and is functioning properly.

TRASH/MEAT SCRAP DISPOSAL:

- ☐ The Food Establishment trash collector is _____ (company name)
- ☐ List any other refuse or waste collection companies that you use _____
(ex: grease collection, food scraps, meat rendering, or similar)

OPERATIONAL INFORMATION

Which **months** of the year do you plan on processing? _____

List which **days of the week and times** of day you will most likely be processing? _____

FLOOR PLANS for NEW DEER PROCESSORS

Although NOT required by Law, New Food Establishments that would like the Department to review and provide comments on plans for their establishment to assure compliance with Codes may voluntarily submit a blue print – or simple hand-draw sketch – of the proposed food processing establishment layout and a listing of proposed equipment. Simply attach your plans to this application.

HEALTH POLICY

As a food establishment providing a food processing services to the public, it is your responsibility to assure that you and any food workers are in good health and not ill with any illness that could be transmitted in food. Please have a plan in place to deal with times when you may not be feeling well, but have processing jobs to do. An employee health policy establishes how to handle ill food workers, including you, during processing times.

ALL APPLICANTS COMPLETE

This application should be submitted to your local Regional Office, as listed on the cover letter.

The Applicant understands and agrees that this document is an application for the **Registration of a deer processing establishment only**. The applicant understands and agrees that only a “proprietor” of this operation may obtain the registration; and that a “proprietor” may be a person, partnership, association or corporation operating the food establishment within the Commonwealth of Pennsylvania. The applicant verifies that the person or entity listed below is the “proprietor” of the food establishment that is the subject of this application. By signature on this application the proprietor confirms that the business is operating a deer processing establishment that has been approved by the local municipality with regards to any water, sewer, zoning or building codes requirements. Additionally, any other local, state, or federal rules and regulations that may be applicable are in compliance.

The applicant verifies that all statements and information in this application are true and correct to the best of the applicant’s knowledge, information and belief; and makes these statements subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

Please complete and sign the below ownership category that best describes your business:

If a Corporation, LLC, LLP or Association, please continue to next page.

☐ INDIVIDUAL PERSON:

☐ PARTNERSHIP: (one signature needed)

Signature

Signature-General Partner

Signature-General Partner

Legibly Print Name

Legibly Print Name

Legibly Print Name

Date

Date

Date

OFFICIAL USE ONLY Registration - Deer Processor | Standards for Review: Chapter 57/CFR’s

☐ **APPROVAL**, DATE _____ Owner was contacted with approval on _____

☐ **DISAPPROVAL**, DATE _____ Owner was sent a denial letter on _____

Reasons for denial: _____

Reviewing Sanitarian: _____

☐ CORPORATION or ASSOCIATION / NON-PROFIT ENTITY:
(Minimum of one signature is needed.)

Name of Corporation or Non-Profit Entity

Signature of President / VP (circle which) Date

Legibly Print Name

Signature of Secretary / Treasurer (circle which) Date

Legibly Print Name

☐ LIMITED LIABILITY COMPANY (LLC) or LIMITED LIABILITY PARTNERSHIP (LLP):
(Minimum of one signature is needed.)

Name of LLC or LLP

Signature – Member

Date

Legibly Print Name

Signature – Member

Date

Legibly Print Name

Signature – Member

Date

Legibly Print Name

Signature – Member

Date

Legibly Print Name

OFFICIAL USE ONLY Registration - Deer Processor | Standards for Review: Chapter 57/CFR's

☐ **APPROVAL**, DATE _____ Owner was contacted with approval on _____

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