

**U.S. DEPARTMENT OF AGRICULTURE (USDA) COVID FARMWORKER AND FOOD WORKERS
RELIEF (FFWR) PAYMENT**

(Provided for use by the **USDA-FFWR Grantee Partnership**)
APPLICANT OR BENEFICIARY KNOW YOUR PROGRAM RIGHTS

Applicant has the right to:

- Have the application explained to you in your preferred language;
- For your information, page 2 of the relief application has a SOC table describing the work done and its related job codes done by you (the applicant), it may be kept blank until the application is being processed on the database. We will use this table only for reporting the different types of work that applicants have done (it does not affect the work you mentioned as a farmworker, livestock worker, meat processor worker or your eligibility).
- To know that my personally identifiable information is filed and stored in our “USDA-FFWR Grantee Partnership” database that has been developed securely with internet security measures;
 - Be informed that the following information will be transmitted to Aeyon's database (the organization that developed the centralized database on behalf of USDA for the FFWR Relief project.
 - My information will be transmitted only for the purpose of verifying whether or not I have received a prior relief payment from any of the 15 USDA-FFWR Relief grant recipients.
 - My information will not be shared with any other organization or federal agency.
- Get prior notification, if any one of our USDA-FFWR Grantee Partnership organizations who filled out your application will need to contact a USDA-AMS Farm & Food Worker Relief recipient (outside our partnership);
 - You have the right to know who we are contacting,
 - Their phone number, and
 - The reason for the necessary contact referencing your application.
- Receive a copy of your completed application with back-up documentation you submitted;
- That I have the right to appeal your intermediate or final application decision, if I am not satisfied with the decision. Get a copy of the appeal process in advance with contact information where I can submit my appeal;

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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 AD-3027 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:** (202) 690-7442; or **Email:** program.intake@usda.gov

USDA is an equal opportunity provider, employer, and lender.

**U.S. DEPARTMENT OF AGRICULTURE (USDA) COVID FARMWORKER AND FOOD WORKERS
RELIEF (FFWR) PAYMENT**

(For use by Alianza Nacional de Campesinas “Alianza”)

APPEALS PROCESS FORM

I, _____ (First and Last Name(s) of Applicant) have been informed and fully understand the following appeals process regarding my USDA-FFWR relief payment application. I have determined to apply for an appeal to work on changing the initial determination of my application and confirm that it needs to be submitted within the **time period of 60 days** in order to be considered. I understand that any decision made through this appeal will be final and no other application or appeal may be submitted on my behalf.

I understand that this process is to ensure that I receive a fair opportunity to:

- Submit eligibility documentation needed to re-process my application to show proof of my identity, work, etc.
- Submit any supporting documentation that may verify my identity and to prove otherwise any claims of me receiving any USDA-FFWR relief payment from this USDA-FFWR Grantees Partnership or other USDA-FFWR grant recipients.
- Submit any documentation within **60 days of my last intake**. I do understand that it may take up to **20 calendar days** for a final decision to be made.
- All newly submitted documentation along with this appeals process form will be submitted to Alianza Nacional de Campesinas via:
 - **In Person:** Provide copies of supporting documents to the designated _____ (**project staff**) in your area (the project staff will submit your documents to Alianza on your behalf); or
 - **Email directly to:** Appealsusda@campesinasunite.org

_____ Signature of Applicant	_____ Date of Appeal	
_____ Print Name of Project Staff	_____ Project Staff Title	_____ Date Project Staff Received Completed Appeal

Office Use Only: Add additional notes on another page if or when necessary.

Results of appeal process: ___ Appeal Accepted ___ Appeal Denied

Explanation: _____

Project Staff Name Notifying Applicant of Final Decision: _____

Method of Notification: _____ Notification of Results Date: _____