USDA Discrimination Financial Assistance Program (DFAP) STEP 2 (Supplemental Attachment)

Submission Deadline: January 13, 2024 22007apply.gov

| · · · · · · · · · · · · · · · · · · · | | DDITIONAL ENTITY MEMBERS | Applicant's Social Security Number |
|--|------------------------|--|------------------------------------|
| | e the entity name from | i page 7 nere: | or Individual Taxpayer ID Number |
| Entity Name: | | | |
| | | time and the second | |
| If there is more than one entity, I | make a copy of this pa | ige as many times as needed | |
| Other entity members: Last Name: | First Nan | ~~~ | |
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| Identification Number, if known: | | the period of discrimination | |
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