**Appendix A: Application Cover Page**

**2020 Farm Transition Grant**

Page one of two

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | | | | | | | | | | | | | | | | |
| **Applicant/Farm Name:** | | | | | | | | | | | |  | | | | | | | | | |
| **Contact:** | | | | | | | | | | | |  | | | | | | | | | |
| **Full Mailing Address:** | | | | | | | | | | | |  | | | | | | | | | |
| **Phone:** |  | | | | | | | | | | | **Website:** | |  | | | | | | | |
| **Email:** |  | | | | | | | | | | | | | | | | | | | | |
| **Do you meet the USDA’s criteria for the following categories** | | Beginning Farmer *(farming for fewer than 10 years)*  **Yes/No**  Veteran Farmer **Yes/No** If yes, branch and dates of services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Socially Disadvantaged Farmer *(American Indians/Alaskan Natives, Asians, African Americans, Native Hawaiians/other Pacific Islanders, Hispanics)* **Yes/No** | | | | | | | | | | | | | | | | | | | |
| **Project Information** | | | | | | | | | | | | | | | | | | | | | |
| **Project Title:**  *Provide a title describing your project.* | | | |  | | | | | | | | | | | | | | | | | |
| **Total Project Costs:** | | | | | | | | | | | | | | | | | |  | | | |
| **Cash Expenses Covered by Applicant:**  *At least 50% of expenses must be covered by applicant* | | | | | | | | | | | | | | | | | |  | | | |
| **Farm Transition Grant Funds Requested**:  *Not to exceed $49,999* | | | | | | | | | | | | | | | | | |  | | | |
| **Farm Information** | | | | | | | | | | | | | | | | | | | | | |
| **Owner(s) of Record** *(if different from Project Contact)* | | | | | | | | |  | | | | | | | | | | | | |
| **Property Address** *(where project will take place if different from mailing address)* | | | | | | | | |  | | | | | | | | | | | | |
| **Phone of Owner(s):** *(if different from Project Contact)* | | |  | | | | | | | **Email of Owner(s):** *(if different from Project Contact)* | | | | |  | | | | | | |
| **Acres in production agriculture** | | | |  | | | **Do you farm:** | | | | | | | | | | Full Time / Part Time | | | | |
| **Describe in detail the production agriculture carried out on the farm. Give acreage and quantities of the crops grown, the number and kinds of livestock, forest products, value added products, greenhouses, etc.** | | | | | | | |  | | | | | | | | | | | | | |
| **Is any of the land in production or land associated with this project in the Farmland Preservation Program or under any other conservation restrictions?** | | | | | | | | | | | | | | | | Yes / No | | | | | |
| **If yes to above, please state under what program/what the restrictions are:** | | | | | | | | | | | |  | | | | | | | | | |
| **Have you submitted an Application to Construct if land is protected through a conservation easement?** | | | | | | | | | | | | Yes / No | | | | | | | | | |
| **Have you received other Connecticut Department of Agriculture Grants in the last five years?** | | | | | Yes / No | | | | | | **If yes state the grant program, year received, and amount for each award.** | | | | | | | |  | | |
| **Do you a written business plan for the farm?** | | | | | | Yes / No | | | | | | | **If yes state the year the business plan was last updated.** | | | | | | |  | |
| **Do you currently have an open grant contract with the Connecticut Department of Agriculture?** | | | | | | | | | | | | | | | | | | | | | Yes / No |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Applicant Title Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Owner of Record Title Date

*Typed name serves as signature.*