***Appendix A***

**CT Department of Agriculture**

**Farm State Assistance For Enhancements (SAFE) Grant**

**Application Cover Page**

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| **Applicant Information** | | | | | | | | | | | | | | | | | |
| **Farm/Cooperative Name:** | | | |  | | | | | | | | | | | | | |
| **Application/Project Contact:** | | | |  | | | | | | | | | | | | | |
| **Farm/Cooperative Full Mailing Address:** | | | |  | | | | | | | | | | | | | |
| **Phone:** |  | | | | | | | | | | | **Fax:** | |  | | | |
| **Email:** |  | | | | | | | | **Website:** | | | | |  | | | |
| **FEIN or SS Number:** | | |  | | | | | **Farmers’ Tax Exemption Permit Number:** | | | | | | | |  | |
| **Farm/Cooperative 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, greenhouse, 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 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.** | | | | | | | |  | | | |
| **Are you a beginning farmer** *(farming for less than ten years)* | | | | | | | | | | Yes / No | | | | | | | |
| **Project Information** | | | | | | | | | | | | | | | | | |
| **Project Title:** | |  | | | | | | | | | | | | | | | |
| **Total Project Costs:** | | | | | | | | | | | | | | |  | | |
| **Expenses Covered by Applicant:**  *At least 50% of expenses must be covered by applicant* | | | | | | | | | | | | | | |  | | |
| **Food Safety Producer Grant Funds Requested**:  *Not to exceed $25,000* | | | | | | | | | | | | | | |  | | |

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**Signature of Applicant Title Date**

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**Signature of Owner(s) Title(s) Date**

*(if different from applicant)*

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