***Appendix A: Application Cover Page***

**2016 Farm Viability Grant**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | | | | | | | |
| **Applicant Name:** | |  | | | | | | | | | | |
| **Applicant/Project Contact:** | |  | | | | | | | | | | |
| **Full Mailing Address:** | |  | | | | | | | | | | |
| **Phone:** |  | | | | | | | | **Fax:** |  | | |
| **Email:** |  | | | | | **Website:** | | | |  | | |
| **Project Information** | | | | | | | | | | | | |
| **Project Title:**  *Provide a title which describes your project.* | | | | | |  | | | | | | |
| **Total Project Costs:** | | | | | | | | | | |  | |
| **In-Kind Expenses Covered by Applicant:** | | | | | | | | | | |  | |
| **Cash Expenses Covered by Applicant:**  *At least 40% of expenses (in-kind and/or cash) must be covered by applicant* | | | | | | | | | | |  | |
| **Farm Viability Grant Funds Requested**:  *Not to exceed $49,999.00* | | | | | | | | | | |  | |
|  | | | | | | | | | | | | |
| **Organization Information** | | | | | | | | | | | | |
| **Municipalities: Provide the adoption date for the most recent Plan of Conservation and Development** | | | |  | | | | | | | | |
| **If applicable, describe in detail the production agriculture carried out. 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 received a Farm Viability Grant in the last five years?** | | Yes / No | **If yes, describe the project(s)** | | | | | | | | |  |
| **Do you currently have an open grant contract with the Connecticut Department of Agriculture?** | | | | | Yes / No | | | | | | | |

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

**Signature of Applicant Title Date**

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

**Signature of Organization Representative Title(s) Date**

*(if different from applicant)*