



CONNECTICUT DEPARTMENT OF AGRICULTURE

450 Columbus Boulevard, Suite 703, Hartford, CT 06103
Bureau of Agricultural Development and Resource Conservation



2019 CROP PLAN

Date Completed: _____ Contact Name _____

Farm Name _____

Mailing Address _____

Town _____ Zip _____

Farm Address _____ Town _____ Zip _____

Phone _____ (home/work) _____ (cell) _____

Email Address: _____ Website Address: _____

Cultivated Acres Owned _____ Cultivated Acres Leased _____ Total Acres Cultivated _____

List the farmers' markets you will be participating in or have applied to participate in (as both a full-time and/or part-time vendor). Attach a separate page if necessary.

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

I attest that this crop plan is truthful and an accurate representation of my farm's production area. **I understand it is my responsibility to maintain an updated crop plan with the Connecticut Department of Agriculture and provide a copy to each farmers' market my farm participates in.** I understand a current crop plan is required for valid participation in the Farmers' Market Nutrition Program and certified farmers' markets. Failure to maintain a current crop plan may result in dismissal from the program. I understand any farm products (as defined by CGS Sec. 22-6r (7)) not grown by myself and brought to a certified Connecticut farmers' market shall be labeled accordingly per CGS Sec 22-38.

Farmer Signature

Date

By affixing my signature to this statement (General Statutes of Connecticut, Vol 13, Sec 53a – 157b under penalty of false statement(*) in the second degree: Class A misdemeanor), I acknowledge that I have read and completed this document and/or someone has read it and completed it for me and it is true to the best of my knowledge and belief.

(*)Sec. 53a-157b. (Formerly Sec. 53a-157). False statement in the second degree: Class A misdemeanor. (a) A person is guilty of false statement in the second degree when he intentionally makes a false statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and which statement is intended to mislead a public servant in the performance of his official function.

Item Not Listed	Acres	Rows/	Grnhouse Sq Ft

FRUIT	Trees/Bushes	Acres	Rows/Ft
Apples			
Apricots			
Blackberries			
Blueberries			
Cherries			
Currants			
Gooseberries			
Grapes			
Melon			
Mulberries			
Nectarines			
Paw Paw			
Peaches			
Pears			
Plums			
Raspberries			
Strawberries			
HERBS	Grnhouse Sq Ft	Acres	Rows/Ft
Arugula			
Basil			

VEGETABLES	Acres	Rows/ Ft	Grnhouse Sq Ft
Artichokes			
Asparagus			
Beans			
Beets			
Bok Choy/Pac Choi			
Broccoli			
Broccoli Rabe			
Brussels Sprouts			
Cabbage			
Carrots			
Cauliflower			
Celery			
Chicory Root			
Cucumbers			
Eggplant			
Endive			
Escarole			
Fennel			
Fiddleheads			
Garlic			
Ginger Root			
Greens (Collard, Mustard,			
Horseradish			
Jerusalem			
Kale			
Kohlrabi			
Leeks			
Lettuce			
Microgreens			
Mushrooms			
Okra			
Onions			
Parsnips			
Peas			
Peppers			
Potatoes			
Pumpkins			

Keep a copy and send the completed form to your program contact at the CT Department of Agriculture: 450 Columbus Blvd, Suite 703, Hartford, CT 06103 AND provide a copy to market managers for each market attending.

Edible Flowers			
Marjoram			
Mint			
Oregano			
Parsley			
Rosemary			
Sage			
Tarragon			
Thyme			

Rutabaga			
Shallots			
Spinach			
Sprouts			
Squash/Winter			
Squash/Summer			
Sweet Corn			
Sweet Potatoes			
Swiss Chard			
Tomatillos			
Tomatoes			
Turnip			

Keep a copy and send the completed form to: **Jaime Smith** – Jaime.Smith@ct.gov OR 450 Columbus Blvd, Suite 703, Hartford, CT 06103 AND provide a copy to the market master for each market you're attending in 2018.



CONNECTICUT DEPARTMENT OF AGRICULTURE

450 Columbus Boulevard, Suite 703, Hartford, CT 06103
Bureau of Agricultural Development and Resource Conservation



2019 SPECIALTY CROP PLAN

Date Completed: _____ Contact Name _____

Farm Name _____

Mailing Address _____

Town _____ Zip _____

Farm Address _____ Town _____ Zip _____

Phone _____ (home/work) _____ (cell) _____

Email Address: _____ Website Address: _____

Cultivated Acres Owned _____ Cultivated Acres Leased _____ Total Acres Cultivated _____

List the farmers' markets you will be participating in or have applied to participate in (as both a full-time and/or part-time vendor). Attach a separate page if necessary.

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
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Farmer Signature

Date

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For each product grown or produced on your farm, enter the total quantity of all varieties. An additional sheet can be attached if necessary. This can be updated throughout the growing season.

Non Agricultural Products Sold at Farmers' Markets	Quantity (if applicable)
List Numbers of Applicable Licenses and Permits:	

PLANTS & CUT FLOWERS	Flats	Containers/ Ball Burlap	Hangers	Total Greenhouse Sq Ft
Annuals				
Perennials				
Vegetable plants				
Nursery				
Cut Flowers	Acres:			
Pesticide Applicators License Number (if applicable):				
A list of plant varieties must be provided. Attached additional sheet(s).				
SEAFOOD	Pounds/Year		Total Acres	
Oysters				
Hard Clams				
Fin Fish				
Seaweed/Kelp: # of long lines & length:				
List Numbers of Applicable Licenses and Permits:				
DAIRY PRODUCTS	Varieties offered (flavors, types, etc.)			
Yogurt				
Ice Cream				
Butter				
Milk				
Cheese				
List Numbers of Applicable Licenses and Permits:				
SOAP/LOTIONS/BATH GOODS PRODUCED ON-FARM				
(Provide the name of the item. Items produced by non-farmers should go in the non-ag products section above.)				
List Numbers of Applicable Licenses and Permits:				
OTHER AG PRODUCTS PRODUCED ON-FARM NOT LISTED				
OTHER VALUE-ADDED & SPECIALTY FOOD PRODUCED ON-FARM				
(Provide the name of the item. Items produced by non-farmers should go in the non-ag products section above.)				
Commercial Kitchen License Number:				

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