

CONNECTICUT DEPARTMENT OF AGRICULTURE



450 Columbus Blvd, Suite 703 | Hartford, Connecticut 06103 | 860.713.2500 Bureau of Agricultural Development & Resource Conservation

An Equal Opportunity Employer

2026 SPECIALTY CROP PLAN

Date Completed:	Contact Name			
arm Name				
Mailing Address				
own			Zip	
arm Address	т	own	Zip	
Phone	(home/work)		(cell)	
mail Address:	Website Ac	ldress:		
Cultivated Acres Owned	Cultivated Acres Leased	Total	Acres Cultivated	
ist the farmers' markets you wendor). Attach a separate pag		ied to partici	pate in (as both a full-time and/or	part-tim
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3.	4.			
5.	6.			
7.	8.			
)	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 Connecticut Grown 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 Statues 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.

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

Cattle - Dairy Cattle - Beef Cattle - Veal Sheep - Lamb Sheep - Ewes Pigs - Feeder Pigs - Market Hogs Pigs - Sow Chicken - Broilers Chicken - Layers Chicken - Spent Hens Eggs - Dozens per Week Turkeys - Toms Turkey - Hens USDA or Custom Slaughter: Slaughter & Processing Location(s): HONEY & MAPLE SYRUP Honey - Number of Hives Honey - Pounds/Year Maple Syrup - # of Taps Maple Syrup - Gallons/Year BAKERY ITEMS PRODUCED ON-FARM
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(Provide the name of the item. Bakery items produced by non-farmers should go in the non-ag products section above.) SOAP/LOTIONS/BATH (Provide the name of the item. Items products products)
Policer License Number
Bakery License Number: List Numbers of Applicable Licenses and Pe
Non Agricultural Products Sold Quantity OTHER AG PRODUCTS PRODUCED C
at Farmers' Markets (if applicable)
OTHER VALUE-ADDED & SPECIALTY FOO
(Provide the name of the item. Items produced by no products section to the
Commercial Kitchen License or Cottage Foods Permit Number:

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