

Delaware County Farm Enhancement Grant Program Application

Instructions:

1. Please provide all the information requested. Failure to do so will result in the application being returned.
2. Please provide attachments as required in the Application Checklist. Failure to do so will result in the application being returned.
3. Please ensure the application meets ALL eligibility requirements stated in the Request for Applications. Failure to do so will result in the application being rejected.

If you have questions:

All questions must be submitted in writing or email. Applicants should note that all clarifications must be resolved prior to the submission of an application. Prospective applicants with questions concerning this Application should present those questions via email or by mail to:

delaware@cornell.edu

Delaware County Farm Enhancement Grant Program
c/o Cornell Cooperative Extension Delaware County
34570 State Highway 10, Suite 2
Hamden, NY 13782
(607) 865-6531

Submit your application:

Completed applications should be submitted, in their entirety, to Cornell Cooperative Extension Delaware County. Applicants should note that incomplete applications will be returned to applicants. They will not be considered for funding, but farms remain eligible to submit a new or revised application in successive rounds of funding.

Scan completed application or use fillable PDF and email with any attached supporting documents to:

delaware@cornell.edu

Or mail hard copy to:

Delaware County Farm Enhancement Grant Program
c/o Cornell Cooperative Extension Delaware County
34570 State Highway 10, Suite 2
Hamden, NY 13782
(607) 865-6531

Applicant Information:

Applicant Name: _____

Mailing Address: _____

Required Attachment: Proof of Age and Delaware County Residency (e.g. Driver's License)

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Did you receive funding from the NYS Southern Tier Agricultural Industry Enhancement Program?

Yes

No

How did you hear about the Delaware County Farm Enhancement Grant Program?
(Please Check all that apply)

<input type="checkbox"/>	Staff told me about it	<input type="checkbox"/>	Friend told me about it	<input type="checkbox"/>	Flyer
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Email	<input type="checkbox"/>	Heard about it at a workshop
<input type="checkbox"/>	Radio	<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	Attended a webinar
<input type="checkbox"/>	Website	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Other:

Farm Information:

Farm Name: _____

Annual Gross Farm \$10,000 - \$99,999 \$200,000 - \$299,999

Income: \$100,000 - \$199,999 \$300,000 - \$349,999

Farm Ownership Structure: _____

Physical Farm Address (if different): _____

Is your farm operation located in Delaware County? _____

Total Acres Farmed: _____ Years in Operation: _____

Approximate Number and Type of Animals:

Approximate Number and Type of Crops:

Description of Farm Operation: (Be as detailed as possible.)

Farm Vision: (Please describe what you see for the future of your farm. What improvements in structure or systems, goals, etc. are you envisioning for the operation?)

Letter of Agreement:

By signing this Letter of Agreement, I agree to the following:

1. Cornell Cooperative Extension Delaware County (CCEDC) as well as the review committee that is established by CCEDC will review my application and other documents for eligibility and completeness
2. If approved, the award may not exceed \$25,000 for infrastructure projects, \$5,000 for 2022 Crop Expense projects.
3. I am an 18+ year old resident of and operate my farm business in Delaware County.
4. I operate a farm business as described in this application which meets the definition of "farm operation" as defined in section 301 of the Agriculture and Markets Law; and I have supplied the documentation as requested.
5. I meet the criteria for eligibility for a NYS Property Tax Agricultural Exemption; and I have supplied the documentation as requested.
6. I am solely responsible for obtaining the proper permits or variances for my project.
7. I will be required to provide photo documentation and paid receipts for the work done as outlined in this application following completion of the project. Failure to do so will result in my requirement to repay the funds awarded from CCEDC.

8. CCEDC staff reserves the right to make site visits and may take photographs to document pre- and post-site visits and for promotion purposes. Written and verbal testimonials may also be used for promotional purposes.
9. Project expenses incurred prior to 2022 will not be accepted.
10. CCEDC and/or the review committee must review and approve any changes or alterations to my project after the initial approval is given. I am responsible to notify CCEDC of such changes before they are started.
11. I must complete my project and submit the final paperwork within 15 months of accepting the award. Extensions will be considered, but CCEDC reserves the right to refuse granting an extension of project imeline.
12. If I do not own the building or property where this project takes place, I have included with my application the written consent from the owner to make the proposed improvements.
13. CCEDC reserves the right to approve or reject any application.
14. I release from liability and waive my right to sue CCEDC, its partner organizations, their employees, officers, volunteers or agents from any and all claims, including any events incidental to this activity.

I have read and agree to the terms outlined in this application and its supporting documents. I hereby affirm under penalty of perjury that all statements in this application, including all attachments and additional information submitted in connection herein, are true and accurate.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Appendix A

Title of Proposed Project: _____

Project Category: (Check only one, refer to RFA for ineligible/eligible projects)

Infrastructure Project (Cap \$25,000)

2022 Cropping Input Expenses (Cap \$5,000)

Description of Proposed Project:

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Project Timeline: (Please allow 30 days from award notification for funds to be distributed, pending return of funding agreement paperwork.)

Proposed Start Date: _____ Proposed Completion Date: _____

Project Costs:

Note: Use table for summary of total project costs but attach to application detailed estimates for clarity.

Item 1		\$
Item 2		\$
Item 3		\$
Item 4		\$
Item 5		\$
Item 6		\$
Item 7		\$
Item 8		\$
	Total Estimated Project Cost	\$
	Grant Funding Amount Requested	\$

*Possible "Items": Labor, Equipment, Materials, Rental Fees, Shipping, etc.

Implementation of Proposed Project: (Describe the plan of work, possible phases, timeframes, and major tasks.)