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| For office use only: | |
| Number | \_\_\_\_\_\_\_\_\_\_\_ |
| Date Received | \_\_\_ / \_\_\_ / \_\_\_ |

# black logoNOFA-VT Farm Share Program

# Summer 2018 Participant Application

**Applications accepted: *March 1 – June 1*.**

**Apply early – we will run out of funding. Submitting an application does not guarantee that you will receive funding to support the cost of your CSA share. Please allow up to 6 weeks for your application to be reviewed. If your application is approved, you will receive further instructions for how to pay your 50% cost responsibility and arrange the details of your share. Payment will be made directly to the CSA farm.**

**Your application will not be reviewed if it is incomplete. Please answer all questions before submitting.**

For information about the Farm Share Program, please visit <http://nofavt.org/farmshare> or call 802-434-4122.

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: VT **Zip**: \_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **MAXIMUM INCOME ELIGIBILITY** | | | | | | | | |
|  | **1 Person** | **2 People** | **3 People** | **4 People** | **5 People** | **6 People** | **7 People** | **8 People** |
| **Weekly** | $432 | $586 | $739 | $893 | $1,047 | $1,200 | $1,354 | $1,508 |
| **Monthly** | $1,872 | $2,538 | $3,204 | $3,870 | $4,536 | $5,202 | $5,868 | $6,534 |
|  |  |  |  |  |  |  |  |  |

**Household Size** (including yourself): \_\_\_\_\_\_ **Ages**: \_\_\_\_\_, \_\_\_\_\_ , \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_, \_\_\_\_\_

**Do you currently receive 3SquaresVT/SNAP?** 🞏 Yes 🞏 No

**By checking the box here, you certify that your household income does not exceed the maximum income eligibility listed in the chart above:** 🞏 I certify that my household income meets the income requirement

**Every CSA is different. Prior to applying to the Farm Share Program, NOFA-VT encourages applicants to contact the CSA farm directly, to learn more about the specifics of the share, including cost and pick-up, to make sure that it meets their needs and expectations. Please visit the NOFA-VT CSA Directory to learn more:** [**www.nofavt.org/csa**](http://www.nofavt.org/csa)**.**

**1)** From what farm would you like to receive your CSA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2)** What size share would you like to receive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Full** Cost of Share: **$**\_\_\_\_\_\_\_\_\_\_

**3)** Have you participated in a CSA in that last 3 years? 🞏Yes 🞏No Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4)** How did you hear about the Farm Share Program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5)** Would you be interested in learning about other NOFA-VT programming and events? 🞏Yes 🞏No

**I understand that if I am approved to participate in the Farm Share Program, I am required to pay at least 50% of the total share cost. I will make arrangements to pay this amount before the first CSA pick-up.**

🞏 I accept these terms of the program and am prepared to pay 50% of the total share cost, if I am approved.

🞏 I accept these terms of the program and I am able to pay $\_\_\_\_\_\_\_\_ of the total share cost, if I am approved.

**Please submit your application in one of the following ways:**

1) Mail to: NOFA-VT, P.O. Box 697, Richmond, VT 05477 2) Email to: [jennie@nofavt.org](mailto:jennie@nofavt.org)

*The information contained in this application will be used by designated NOFA-VT staff and program partners.*

*Contact Jennie Porter: Jennie@nofavt.org | 802-434-4122*