

## **NOFA-VT Farm Share Program**

**Summer 2020 Participant Application** 

Applications accepted: March 1st-May 31st 2020

For office use only:						
Number						
Date Received	//					

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.

www.nofavt.org		.,	,	70000						
Your application				-		-		_		
	tion about the					org/Tarmsna	re or call 80	2-434-4122.		
Name:										
Street:			Cit	St	<b>State</b> : <u>VT</u> <b>Zip</b> :					
Email:		Phone:								
MAXIMUM INCOME ELIGIBILITY										
Include income of all households participating in the CSA share.										
	1 Person	-	_	- '	•	_	-	8 People		
Weekly	\$492	\$665		\$1,010		\$1,355	\$1,528	\$1,701		
Monthly	\$1,926	\$2,607	\$3,288	\$3,970	\$4,651	\$5,333	\$6,111	\$6,802		
<b>Total Household Size</b> (including yourself): <b># of Children</b> (0-17): <b># of Seniors</b> (60+):										
Do you currently receive 3SquaresVT/SNAP? ☐ Yes ☐ No										
Do you currentl	y receive 3So	quaresVT/S	NAP? ⊔	Yes ⊔ No						
By checking the	box here, yo	ou certify th	at your ho	usehold ind	come does	not exceed	the maxin	num income		
eligibility listed	in the chart	above: □	I I certify th	at my hous	ehold incor	ne meets t	he income	requirement		
<b>Every CSA is diffe</b>	rent. Prior to	applying to	the Farm Sh	are Program	, NOFA-VT	encourages	applicants t	o contact the		
CSA farm directly	, to learn mor	re about the	specifics of	the share, in	ncluding cos	t and pick-u	p, to make	sure that it		
meets their need	s and expecta	itions. Pleas	e visit the N	OFA-VT CSA	Directory to	learn more	e: www.nofa	avt.org/csa.		
1) From what fa	rm would yo	u like to rec	eive your C	CSA?						
2) What size sha	re would you	u like to rec	eive?			<u>Full</u> Co	st of Share	: \$		
3) Have you participated in a CSA in that last 3 years? □Yes □No Where?										
4) How did you	hear about th	he Farm Sha	are Program	n?						
5) Would you be interested in learning about other NOFA-VT programming and events? ☐Yes ☐No										
I understand that total share cost. I the share cost up	will make arr	rangements e full cost of	to pay this a the share is	amount befo s over \$600,	re the first (	CSA pick-up. orm share w	. NOFA-VT c	an cover 50% of er \$300.		
☐ I accept th	ese terms of t	the program	and I am ab	le to pay \$	of t	he total sha	re cost, if I a	m 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: <a href="mailto:emmet@nofavt.org">emmet@nofavt.org</a>

Contact Emmet Moseley: emmet@nofavt.org | 802-434-4122