



NOFA-VT Farm Share Program

Fall/Winter 2018 Participant Application

For office use only:	
Number	_____
Date Received	___/___/___

Applications accepted: August 1 – November 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: _____

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.

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

*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*