

»» **IF POSSIBLE, COMPLETE THIS FORM ONLINE HERE** ««

2020 NOFA Relief Milker Application

In the face of the COVID-19 Pandemic, NOFA Vermont has made a portion of our Farmer Emergency Fund available specifically to cover the cost of dairy farmers hiring temporary relief milkers. This program is intended for dairy farm owners or workers to be able to take the time off they need to recover in the event they fall ill, while ensuring that necessary dairy operations continue as normal.

NOFA Vermont has compiled a database of available and qualified relief milkers, organized by geographic area. At the outset of this process we will provide you with a list of potential help for you to contact and arrange shifts. In the event you need to access the relief milker program, please contact Bill Cavanaugh on our farmer services team at bill@nofavt.org.

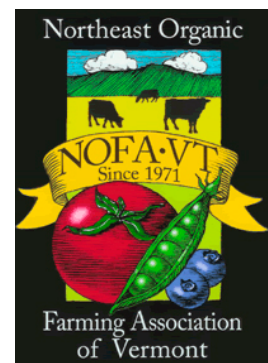
Please note:

- These funds are available to dairy farmers in need, regardless of whether or not they're certified organic.
- Funds will be provided to farmers on a reimbursement basis. Please see the attached sheet for the reimbursement form.
- The intention is that these funds are used to pay a \$15/hr hourly rate to a **temporary** relief milker, with up to a 14 day placement.
- If a relief worker is needed to cover a sick employee, the farm owner will continue to pay that employee and provide housing (if applicable) for the duration of their absence, up to 14 days.
- In the event that an illness lasts longer than 14 days please contact NOFA-VT to discuss options.

****Before contracting with a relief milker to begin work, you must contact NOFA-VT to initiate the reimbursement process****

For more information please contact:

NOFA Vermont
Relief Milker Program
PO Box 697
Richmond, VT 05477
info@nofavt.org
(802) 434-4122



2020 NOFA Vermont Relief Milker Reimbursement Form

For office use
Date Received:

Farm Name: _____

Contact Person: _____

Social Security #: _____ or Farm EIN: #: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

Did the relief milker cover shifts for a: Farm Owner Farm Employee

Name of the person being covered for: _____

Relief Milker Name: _____

Relief Milker Start Day: _____

Relief Milker End Day: _____

Total Hours Worked: _____

Amount Requested: \$ _____ (up to \$2,500)

With this form please submit:

- Any payroll information for the relief worker
- Payroll information for the farmworker who was covered, if applicable
- A W9 indicating if the check is being made out to the farm business or the farmer directly.

Please return form and all attachments to:

NOFA Vermont Relief Milker Program
PO Box 697
Richmond, VT 05477

