

MAINE SENIOR FARMSHARE PROGRAM—2009

Application Form for Farmers Interested in Participating

1. CONTACT INFORMATION

FARM NAME		
FARM CONTACT PERSON(S)	OWNER IF DIFFERENT FROM CONTACT	
MAILING ADDRESS	COUNTY	
FARM LOCATION AND BRIEF DIRECTIONS (IF DIFFERENT)		
PHONE	FAX	E-MAIL

2. MIXED PRODUCE SHARES TO INDIVIDUAL SENIORS

My/our farm can offer a minimum of **five** different produce items at any time (at designated farmers' market, farm or other site) for a minimum core period of 8 weeks. [This is a requirement of participation.]

<p>Share options. Check all that apply:</p> <p><input type="checkbox"/> Shareholder selects: Seniors will charge against their FarmShare credit at farm stand or farmers' market or other pre-arranged location.</p> <p><input type="checkbox"/> Farmer selects: Farmer provides senior a bag or box of assorted produce at least 4 times over a minimum period of 8 weeks. [Other arrangements with Program approval only.]</p> <p>Growing season for mixed produce:</p> <p>Begins (approximate month):</p> <p style="padding-left: 40px;"><input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul</p> <p>Season ends (approximate month):</p> <p style="padding-left: 40px;"><input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov</p>	<p>Delivery options. Check all that apply:</p> <p><input type="checkbox"/> The farm can deliver to individual seniors within a _____ mile radius.</p> <p><input type="checkbox"/> The farm can deliver to groups of seniors (minimum number of seniors _____) within a _____ mile radius.</p> <p><input type="checkbox"/> Produce can be picked up at our farm or farm stand.</p> <p><input type="checkbox"/> Produce can be picked up at our stall at the following farmers' markets (attach additional sheet if needed):</p> <p>_____ (day of week) _____</p> <p>_____ (day of week) _____</p> <p>_____ (day of week) _____</p>
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3. BULK (WHOLESALE) SHARES TO AUTHORIZED AGENCIES

<p><input type="checkbox"/> My/our farm may be interested in providing bulk shares of specific items at wholesale rates to authorized agencies. (List items below)</p> <p>[At this time, there are no plans for bulk purchases. Should this change, you will e contacted for more information.]</p> <p>Items: _____</p>	<p><input type="checkbox"/> The farm can make bulk/wholesale deliveries to authorized agencies within a _____ mile radius at \$_____ value per delivery)</p> <p><input type="checkbox"/> Representatives of authorized agencies can pick up bulk shares at the farm.</p>
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4. NUMBERS OF SHARES REQUESTED

Number of \$50 **INDIVIDUAL mixed produce** shares (at retail prices) you want to provide to **individual seniors**.

Number of \$50 **BULK** shares (at wholesale prices) you want to provide to **authorized agencies**.

5. HOW YOU CURRENTLY MARKET YOUR PRODUCE (Check all that apply)

Farm stand Farmers' market CSA Wholesale Some or all products marketed as "organically grown."

6. WHAT YOU GROW AND ACREAGE

Please check box(es) and fill in blanks for the vegetable and/or fruit crops you had in production in **2008**.
Please complete the attached crop offering form.

<input type="checkbox"/> A variety of mixed vegetables. (only include items less than one acre each – see below for major items)	<input type="text"/>	Acres
<input type="checkbox"/> Small fruit crops (not tree fruit).....	<input type="text"/>	Acres
<input type="checkbox"/> Other major vegetable and/or fruit crops (an acre or more) in addition to the above: (Use additional sheet if necessary.)		
Crop _____	<input type="text"/>	Acres
Crop _____	<input type="text"/>	Acres
Crop _____	<input type="text"/>	Acres
Total acres in fruit and vegetable production in 2008		<input type="text"/> Acres

7. REFERENCES

Please check and write organization, contact names and phone number of at least two references that can verify that you have the capacity to provide the shares according to this application.

Organization	Contact Person	Phone
<input type="checkbox"/> Maine Department of Agriculture	_____	_____
<input type="checkbox"/> Cooperative Extension	_____	_____
<input type="checkbox"/> Farm Service Agency	_____	_____
<input type="checkbox"/> Farm Bureau	_____	_____
<input type="checkbox"/> Small Fruit & Vegetable Growers Assn.	_____	_____
<input type="checkbox"/> MOFGA	_____	_____
<input type="checkbox"/> Maine Potato Board	_____	_____
<input type="checkbox"/> Maine Pomological Society	_____	_____
<input type="checkbox"/> Other organizational references (please specify)	_____	_____

8. OTHER: BUYING FROM OTHER FARMS

If you will be purchasing produce from other Maine farms (up to 25% allowed), please list the products you expect to be purchasing and the name(s) of the farm(s) you will be purchasing from: (Attach sheet if more room is needed)

Product _____	from (farm name) _____
Product _____	from (farm name) _____
Product _____	from (farm name) _____
Product _____	from (farm name) _____

9. WIC and SNAP (food stamps)

Do you currently participate in the WIC Farmers' Market Coupon Program?	Do you currently accept food stamps?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please send information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please send information

10. SIGNATURE

By signing below, I state that I have read the 2009 Program Guidelines for the Maine Senior FarmShare Program and agree to abide by them. (Signing is a requirement for participation.)

Signature of farmer(s)

Signature of owner if different from farmer

This form must be returned to the Maine Department of Agriculture, Division of Market and Production Development, 28 State House Station, Augusta, Maine 04333-0028, or faxed to 207-287-5576 by **February 11, 2009**. Late applications will be accepted only if the available shares have not been allocated.