



Andrew M. Cuomo
Governor

Darrel J. Aubertine,
Commissioner, Agriculture and Markets

**Agricultural and Community Recovery Fund –
FARM OPERATION MATCH APPLICATION**

(Please Print or Type)

County: _____

Town or Village: _____

Date: _____

Farm Name: _____	
Owner's Name: _____	Operator's Name: _____
Address: _____	Address: _____
Phone: _____ Cell: _____ Email: _____	Phone: _____ Cell: _____ Email: _____
Preferred Contact Point? (please check only one) <input type="checkbox"/> Owner <input type="checkbox"/> Operator	Federal ID Number: _____

Basic Farm Information

A) What **Primary** Farm Enterprise best describes your operation?

- Dairy Beef Fruit/Vegetables
 Poultry Swine Vineyard Bedding Plants, Nursery, Flowers
 Sheep/Goats Other: (**Please Define**) _____

B) Employment Information

No. of Employees before August 28, 2011 Full Time _____ Part Time _____ Seasonal/Migrant Time _____

No. of Employees after August 28, 2011 Full Time _____ Part Time _____ Seasonal/Migrant Time _____

No. of Employees retained if funding awarded Full Time _____ Part Time _____ Seasonal/Migrant Time _____

C) Are you located in an Agricultural District? Yes No

D) Has the applicant applied for and or received funding from private crop insurance, USDA FSA, FEMA, or any other federal, state, or local disaster funding program? Yes No

If yes, please describe funding source, use of funds, and amount of funds: _____



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Feed Replacement Cost Share Information

Please complete the form below and attach additional sheets as necessary.

Briefly describe farm operation including number of animals: _____

Loss of Livestock?

Yes No

Livestock Type: _____ No. of Animals _____ Value _____

Livestock Type: _____ No. of Animals _____ Value _____

Livestock Type: _____ No. of Animals _____ Value _____

Documentation attached to application:

Yes No

Describe documentation provided: _____

Loss of stored feed and/or forage?

Yes No

Crop Type: _____ Total Acres _____ Total Yield _____ Value _____

Crop Type: _____ Total Acres _____ Total Yield _____ Value _____

Crop Type: _____ Total Acres _____ Total Yield _____ Value _____

Crop Type: _____ Total Acres _____ Total Yield _____ Value _____

Documentation attached to application:

Yes No

Describe documentation provided: _____

Loss of un-harvested feed and/or forage?

Yes No

Crop Type: _____ Total Acres _____ Total Yield _____ Value _____

Crop Type: _____ Total Acres _____ Total Yield _____ Value _____

Crop Type: _____ Total Acres _____ Total Yield _____ Value _____

Crop Type: _____ Total Acres _____ Total Yield _____ Value _____

Documentation attached to application:

Yes No

Describe documentation provided: _____



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Have stored and or un-harvested crops have been replaced?

Yes No

Replaced Crop Type:_____ Amount_____ Cost_____

Replaced Crop Type:_____ Amount_____ Cost_____

Replaced Crop Type:_____ Amount_____ Cost_____

Replaced Crop Type:_____ Amount_____ Cost_____

Documentation attached to application: Yes No

Describe documentation provided:_____

Has this damage been reported to USDA or another Agency? Yes No

If yes, attach documentation to application.

Fruit, Vegetable, Bedding Plant, Nursery and Flower Replacement Cost Share Information

Please complete the form below and attach additional sheets as necessary.

Please check all that apply

Community Supported Agriculture Attend Farmers' Markets Farm Stand Operation

Briefly describe direct marketing / sale farm operation:_____

Loss of stored crop?

Yes No

Harvested Crop Type:_____ Total Acres_____ Total Yield_____ Value_____

Harvested Crop Type:_____ Total Acres_____ Total Yield_____ Value_____

Harvested Crop Type:_____ Total Acres_____ Total Yield_____ Value_____

Harvested Crop Type:_____ Total Acres_____ Total Yield_____ Value_____

Documentation attached to application: Yes No

Describe documentation provided:_____

Loss of un-harvested crop?

Yes No

Un-harvested Crop Type:_____ Total Acres_____ Total Yield_____ Value_____

Un-harvested Crop Type:_____ Total Acres_____ Total Yield_____ Value_____

Un-harvested Crop Type:_____ Total Acres_____ Total Yield_____ Value_____

Un-harvested Crop Type:_____ Total Acres_____ Total Yield_____ Value_____



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Documentation attached to application: Yes No

Describe documentation provided: _____

Have stored and or un-harvested crops have been replaced? Yes No

Replaced Crop Type: _____ Amount _____ Cost _____

Replaced Crop Type: _____ Amount _____ Cost _____

Replaced Crop Type: _____ Amount _____ Cost _____

Replaced Crop Type: _____ Amount _____ Cost _____

Documentation attached to application: Yes No

Describe documentation provided: _____

Has this damage been reported to USDA or another Agency? Yes No

If yes, attach documentation to application.

Certification:

The following certification must be completed by the owner of the farm operation as stated above.

I certify that the information provided in this application/document is complete, true, and correct. I understand that providing false information is a basis for revocation of my grant award. I further understand that offering a false instrument for filing is a first degree class E felony under the New York State Penal Law.

Please Print Name

Signature

Day, Month, Year

Sworn to before me this
day of _____, 2011.

NOTARY PUBLIC

The State of New York reserves the right to audit all financial information and documentation related to this application that results in an award of funding for a period of six (6) years.