

Agri Aid
CRISIS FUND GRANT APPLICATION

Personal Information:

Full Name: _____

Date of Birth: _____

Permanent Address: _____

Phone Number: _____

Email Address: _____

Farm Information:

Farm Name (if applicable): _____

Type of Farming Operations: _____

Years in Operation: _____

Nature of Crisis: Check all that are applicable:

_____ Natural disaster

_____ Severe illness or injury

_____ Economic hardship

_____ Loss of livestock or crops

_____ Other unforeseen crisis event

Date crisis began: _____

Description: Please describe the nature of the crisis and its impact on your farming operations. Please provide as much detail as possible. Attach additional sheets if necessary.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Grant Specifics:

- Amount of Financial Aid Requested (Maximum \$10,000): _____
- Detailed Use of Funds

How will the grant funds be used (be specific): _____

How will this mitigate the adverse circumstances and help in recovery: _____

Hardship Certification:

I certify that I rely on farming as a primary source of income and/or sustenance for myself/family. I understand that farming does not have to be my only source of income but that in order to be eligible for this grant, farming must be a significant and necessary component of my family's overall livelihood, and that this crises event I have described has resulted in nontrivial hardship to me/us.

In addition, I certify that I have less than \$100,000 in cash, cash equivalents, savings, or investment assets including but not limited to stocks, bonds, mutual funds, etc.

In addition, I certify that I do not have other means or resources which could assist or support me in this hardship such as unrelated real estate investments, trust accounts, or other.

Signature: _____

Date: _____

Accuracy Certification:

I certify that the information provided in this application is true and complete to the best of my knowledge. I agree to notify Agri Aid immediately if there are any changes to the information provided. I understand that falsification of information may result in termination of any grant awarded and may require repayment of any funds already received.

Signature: _____

Date: _____

Submission Instructions:

Please complete all sections of this application form and attach any documents you believe may help us in evaluating this request, such as invoices, photographs, or character references. Submit the completed package to rosemary@ogorchockllc.com