

MAINE SENIOR FARMSHARE PROGRAM—2008

Application Form for Farmers Interested in Participating

I. 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 each week for a minimum of 10 weeks to individual senior shareholders. (Required of farms providing shares to individuals. See program guidelines.)

Share options. Check all that apply:

- Shareholder selects:** Seniors will charge against their FarmShare credit at farm stand or farmers' market or other pre-arranged location.
- Farmer selects:** Farmer provides senior a bag or box of assorted produce at least five times over a minimum period of 10 weeks, or upon a mutually agreeable schedule.

Growing season for mixed produce:

Begins (approximate month):
 Apr May Jun Jul

Season **ends** (approximate month):
 Sep Oct

Delivery options. Check all that apply:

- The farm can **deliver** to individual seniors within a _____ mile radius.
- The farm can **deliver** to groups of seniors (minimum number of seniors _____) within a _____ mile radius.
- Produce can be **picked up** at our farm or farm stand.
- Produce can be **picked up** at our stall at the following farmers' markets (attach additional sheet if needed):

_____ (day of week) _____

_____ (day of week) _____

_____ (day of week) _____

3. BULK (WHOLESALE) SHARES TO AUTHORIZED AGENCIES

My/our farm can provide bulk shares (at wholesale rates) of specific items to authorized agencies. (List items below or attach a separate sheet with the anticipated wholesale price range per unit.)

_____ @ \$ _____ to \$ _____ per _____ (unit)

_____ @ \$ _____ to \$ _____ per _____ (unit)

_____ @ \$ _____ to \$ _____ per _____ (unit)

The farm can make bulk/wholesale deliveries to authorized agencies within a _____ mile radius at \$ _____ value per delivery)

Representatives of authorized agencies can pick up bulk shares at the farm.

4. NUMBERS OF SHARES REQUESTED

<input style="width: 100%;" type="text"/>	Number of \$50 INDIVIDUAL mixed produce shares (at retail prices) you want to provide to individual seniors .
<input style="width: 100%;" type="text"/>	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 **2007**.

Please complete the attached crop offering form.

<input type="checkbox"/> A variety of mixed vegetables.....	<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 in addition to the above: (Please list. Use additional sheet if necessary.)		
Crop _____	<input type="text"/>	Acres
Crop _____	<input type="text"/>	Acres
Crop _____	<input type="text"/>	Acres
Total acres in production in 2007		<input type="text"/> Acres

7. REFERENCES

Please check (or write names of) at least two references that can verify that you have the capacity to provide the shares according to this application.

- | | |
|---|---|
| <input type="checkbox"/> Maine Department of Agriculture | <input type="checkbox"/> Small Fruit & Vegetable Growers Assn. |
| <input type="checkbox"/> Cooperative Extension Office in _____ County | <input type="checkbox"/> MOFGA |
| <input type="checkbox"/> Farm Service Agency Office in _____ County | <input type="checkbox"/> Maine Potato Board |
| <input type="checkbox"/> Farm Credit or | <input type="checkbox"/> Maine Pomological Society |
| <input type="checkbox"/> My banker at _____ | <input type="checkbox"/> Other organizational references (please specify) |
| <input type="checkbox"/> Farm Bureau | _____ |

8. OTHER INFORMATION

a. 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:

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

b. Do you currently participate in the WIC Farmers' Market Coupon Program?

- Yes
 No
 Please send information.

c. Do you currently accept food stamps?

- Yes
 No
 Please send information.

9. SIGNATURE

By signing below, I state that I have read the 2008 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, 2008**. Later applications will be accepted only if the available shares have not yet been allocated.