

**Town of Glastonbury
Farm Assistance Program Application 2024**



All fields are mandatory.

1. Farm Business Name: _____

2. Business Mailing Address: _____

City: _____ State: _____ Zip: _____

3. Please provide the property location(s) or lot number(s) for your actively farmed land in Glastonbury, CT. Properties must comprise 10+ acres of Glastonbury land registered in the PA490 program.

4. Owner/Applicant Contact Information:

First Name: _____ Last Name: _____

Business Phone Number: _____

Email Address: _____

Please include a valid email address. All applicants will be notified of grant award via email.

5. Tax Identification Number/EIN _____

If your farm business files taxes under your SSN, provide it here. If you use a business tax ID, please provide that.

6. Is your farm business currently operating? Yes No

Continued on next page...

7. Type of farm business:

- Livestock
- Dairy
- Poultry
- Fish
- Truck farm (please specify crop) _____
- Fruit (please specify) _____
- Other (please specify) _____

8. Please indicate the type(s) of hardship your farm business experienced because of the weather in 2023. Select all that apply:

- Decreased revenue
- Increased business costs/expenses – e.g. product or supply costs
- Supply chain issues - e.g. lack of/delay in supplies
- Costs for mitigation tactics
- Unanticipated closures/cancellations of farm stands, retail shops, etc.
- Other (please specify) _____

9. How much funding are you requesting through this grant program? (max of \$10,000): \$_____

10. In 300 words or fewer, please describe, in specific detail, how your farm business experienced a negative financial hardship resulting from the weather in 2023. For example, decreased revenue, mitigation expenses, increased costs, or other hardship(s) experienced. The hardship must be specific to your actively farmed land in Glastonbury, CT. Please provide financial figures where possible to help tell your story.

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11. This grant will reimburse expenses within the categories outlined below provided they are directly associated with farmland located in Glastonbury, CT. Detailed receipts must be provided with your completed application to be considered for an award.

Expenses must be incurred between January 1, 2023 and October 31, 2024 to be eligible. Expenditures that do not align with the uses below, or that are incurred outside of the designated period will not be eligible for reimbursement. Expenses do NOT need to be directly associated with the challenging weather, but certainly can if applicable.

Please select the expenses for which you are seeking reimbursement. (Select all that apply.)

- Payroll / Recruitment / Training
- Rent / Mortgage
- Utilities
- Operational expenses
- Equipment / Technology
- Capital improvements
- Marketing programs to support farm business growth
- Investments to improve viability of the farm business

Questions regarding expenditures should be directed to Town staff before applying.

Applicant Certification

- I hereby certify that I am the Owner of the farm business noted herein and thus authorized to apply for this grant funding.
- I hereby certify that the information contained herein is complete and accurate to the best of my knowledge and agree that the Town of Glastonbury, "the Town", does not assume any responsibility for the success or failure of the Applicant's existing farm business.
- I understand that the information in this application is provided for the purpose of applying for the Glastonbury Farm Assistance Program, which is funded by the American Rescue Plan Act.
- As part of this application, I am providing the Town with all required documentation outlined in the Program Checklist. I authorize the Town to request further documentation in addition to that contained in this application as necessary to determine eligibility and/or to fulfill state and federal auditing requests. This includes filed tax returns. *

**It is the intention of the Town that any tax or financial information provided by the applicant hereunder shall be deemed to have been provided in confidence for purposes of the Freedom of Information Act.*

- I understand that any willful misrepresentation on this application could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001, and shall entitle the Town of Glastonbury to receive a return of any funding provided hereunder, in addition to any other remedies it may have against me at law or in equity. I further understand

that false or misleading statements may result in forfeiture of benefits and criminal prosecution under the laws of this State.

Applicant Certification Continued

By checking these boxes, I affirm that my farm business:

- is current on all property taxes owed to the Town of Glastonbury.
- actively farms at least 10 acres of land in Glastonbury, CT.
- farms Glastonbury land that is registered in the PA490 program.
- grosses at least \$100,000 per year based on the total average gross of my 3 best years over the last 5 years.
- sustained a negative financial outcome as a result of the 2023 weather.

Signature

Full Name: _____ Title: _____

Farm Business Name: _____

Applicant Signature: _____ Date: _____

Please print to sign this document before submitting.

See final page for program checklist and submission instructions.

Program Checklist

The documentation below is required for your application to be considered complete. Incomplete submissions will not be considered.

Submit by no later than July 1, 2024:

- Letter of Intent

Submit by no later than October 31, 2024:

- Complete and Signed Application
- Town of Glastonbury Vendor Form
- Completed and Signed W-9 Form
- Receipts for all expenses for which you are seeking reimbursement. Expenses must have been expended between January 1, 2023 and October 31, 2024.

Submission Instructions

Complete applications must be hand delivered to the Glastonbury Customer Service Center by no later than October 31, 2024. Packages must be in paper/print format and include all required documentation from the Program Checklist above. Please ensure that each document contains your farm business name. Documents that have multiple pages should be stapled together or individually labeled with your business name. Receipts must clearly indicate your business name as well as the type, cost, and transaction date for each expense.

The Customer Service Center is located inside the main entrance of Glastonbury Town Hall (2155 Main Street) and open to accept applications as follows:

Monday – Friday

8:00 AM – 1:00 PM and 2:00 PM – 4:30 PM

Town Hall is closed on all national holidays.

Questions?

Please contact Town staff at grants@glastonbury-ct.gov.

NAME OF DEPARTMENT REQUESTING
VENDOR

Town of Glastonbury New Vendor Application

In order to be established as a vendor of the Town and to comply with the Internal Revenue Code (IRC) the specific information requested on this form must be provided.

Please complete this form and attach a signed W-9 or the appropriate W-8 if a foreign entity.

E-mail this completed form to (*Enter Department E-mail*): _____

TOWN EMPLOYEE: Please E-mail a completed application & a signed W-9 to accountspayable@glastonbury-ct.gov for 1099 coding. All other aspects of Vendor set-up and verification will be completed by the Purchasing Department. **Send forms as attached PDF(s).**

Vendor Legal Name: _____

Doing Business As (if applicable): _____

Mailing Address: _____

Remittance Address: _____

Contact Name & Title: _____

Contact Email Address: _____

Telephone: _____ Fax: _____

Please provide an e-mail address below for **Purchase Order Delivery** if different from the contact email information listed above. If available, please provide a general e-mail address that will reach multiple personnel in your organization. **(provide ONLY one for PO Delivery):**

Purchase Order Delivery E-mail Address: _____

Federal Tax Identification #: _____ OR Social Security #: _____

Is Vendor a foreign entity? **(select one):** Yes No

The purpose of collecting FEIN or SSN is to comply with IRS requirements to file 1099-MISC forms.

A completed IRS form W-9 (or W-8 is foreign entity) must also be submitted with this application.

What classification is the business, for tax purposes? (**MUST check one**)

- Corporation
- Partnership
- Individual/sole proprietor
- Nonprofit
- Other (please specify) _____

- * Limited liability company (LLC) treated as a Partnership for federal tax purposes - Choose Partnership
- * LLC filing Form 8832 or Form 2553 to be taxed as a corporation - Choose Corporation
- * LLC not considered an entity separate from its owner - Choose Sole Proprietor.

Please detail what product and/or service is provided OR indicate SIC or NAICS code. (**MUST check one**)

- Product: _____
- Service: _____
- Product and Service: _____

Does Company accept payment by credit card? YES NO

Does Company accept Electronic Fund Transfers (EFT)? YES NO

If Company is a Small or Minority Business, please check an applicable box below:

- SBE
- MBE
- WBE
- SDB
- DBE
- DVBE
- SDV

TOWN USE ONLY:

Check one 1099 Default Box CODE for entry:

W-9 or W-8 received? Yes No

Backup withholding required? Yes No

Issue a 1099? Yes No

A B C D I N R

UNDET NON OTHER MED INT RENT

EMP INC PMTS INC NO PMTS

PURCHASING:

ENTER DATA BELOW in "GENERAL NOTES"

Tax documentation verified by _____

Vendor Number Assigned _____