



RAFI-USA COVID-19 Farmer Emergency Grant Application

To fill out this form, please print out the application and write in answers. OR download the document and complete the answers in Microsoft on your computer. Click 'File' in the upper left corner of the screen to do either of these actions. You will not be able to edit directly on this document.

The mini-grant funding is \$500 and is meant to lessen the immediate financial needs of farmers and their households. This means funds could cover expenses like food, medical bills, utility bills, etc. The funds are NOT meant to cover farm-related expenses. Currently, we are only able to award funding to farmers in North Carolina.

Application Due: April 26, 2020, 6pm

Priority Applicants

Because available funds are limited, we will prioritize farmers who:

- 1) are severely impacted by COVID-19 to the degree that they are struggling to cover ordinary expenses,
- 2) are not able to access other federally-funded emergency relief funds (i.e. PPP), and
- 3) earn a substantial portion of their household income from farming.

As funds are limited, we ask that farmers carefully consider whether this emergency relief grant applies to their situation.

1. Name:
2. Mailing Address (Include your **full mailing address** - street address, town/city, and zip):
3. Phone number:
4. Email address:
(optional)



5. Date of birth:

6. What is your gender?

7. What is your racial or ethnic identity?

8. Farm address (if different from above):

9. Farm name/Business name:

10. Please describe your farm operation (crops/livestock, acreage, marketing channel).

11. How long have you been farming?

12. How many people does your farm employ? (please check both family & non-family as it applies)
 - Family
 - Myself & family

 - Non-family
 - 1-2 employees, non-family
 - 3-5 employees, non-family
 - 6-10 employees, non-family
 - More than 10 employees, non-family

13. What percentage of your income is derived from farming?
 - 1-5%
 - 6-10%
 - 11-25%
 - 26-50%
 - More than 50%



14. How has the COVID-19 impacted your farm business? (please be detailed)

15. By what percentage do you expect your farm income to be reduced due to the COVID-19 outbreak?

- 1-10%
- 11-20%
- 21-40%
- 41-60%
- 61-80%
- 81% or more

16. Please describe your family's current financial situation. (please be detailed)

17. Please describe how the funds will be used.

Conditions of the RAFI-USA COVID-19 Farm Emergency Grant

I understand that this application is for a grant of \$500 to be used for household expenses, including medical bills, and may not be used for professional expenses related to my farm operation.

I certify that no one in my family or farm operation has received an emergency grant from RAFI-USA in the past 12 months.

I certify that all the information in this application is complete and correct to the best of my knowledge.

I agree that RAFI-USA has the right to validate any information provided and will reclaim any money that has been paid as a result of fraudulent or misleading claims.

Signature: _____

Date: _____