**FARMER APPLICATION**

*How Much Money is Awarded?*
Successful applicants will receive a one-time $500 emergency relief payment.

*What Can the Award be Used For?*
Awards are intended as emergency relief for farmers and their families. Use of the funds is restricted to household expenses, such as groceries, home utilities, medical bills, counseling, or other household expenses not directly related to the commercial operation of the farm or ranch. The funds may not be used for any business expense or investment. The IRS guidelines regarding direct assistance to farm families prevent Farm Aid from granting funds to support the farm and its business costs. Your acceptance of this Relief Fund award signifies your understanding and agreement to these use requirements.

*How Do I Apply?*
Applications will be accepted on a rolling basis and reviewed on a weekly basis until funds run out. Checks will be issued to approved applicants within 5 business days of weekly review meetings.

Applications can be submitted by phone 405-218-5559, online Paul.Jackson@afrmic.com, or by mail Paul Jackson, 4400 Will Rogers Parkway, Oklahoma City, OK 73108. We encourage you to submit your application as quickly as possible, using the online form if possible, to ensure funds are still available.

*Who Can Apply?*
Family farmers who have been affected by the COVID-19 crisis and have suffered hardship as a result are eligible to apply. Funds are reserved for farms that have the highest need. Family farms are defined as those where a substantial portion of family income comes from agricultural production and the family is actively engaged in day-to-day farm management and labor. Rural residences that obtain a small portion of income from agricultural products are not eligible. Only one grant is allowed per family/farm operation.

*Confidentiality*
AFR/OFU Foundation will only use this information for processing applications and the required reporting to Farm Aid. We will not share this information with any other individuals or organizations unless required by law.

*Need Help?*
For assistance with this application, please contact Paul Jackson at 405-218-5559 or paul.jackson@afrmic.com.
1. FARMER NAME: ___________________________________________________

2. FARM BUSINESS NAME: __________________________________________

3. PHONE NUMBER: ________________________________________________

4. EMAIL ADDRESS: ________________________________________________

5. MAILING ADDRESS: ______________________________________________

7. PHYSICAL LOCATION: ____________________________________________

8. What is your race/ethnicity? (Optional)
   - □ Black/African American
   - □ Asian/Asian American
   - □ Latino/Hispanic
   - □ Multi-racial
   - □ White
   - □ American Indian
   - □ Would rather not say
   - □ Other: ______________________

9. What is your gender? (Optional)
   - □ Male
   - □ Female
   - □ Would rather not say
   - □ Other: ______________________

10. Has anyone in your family or farm operation received a Farm Aid COVID-19 Farmer Resilience Initiative award from us?
    - □ Yes
    - □ No

11. Is farming your family’s main means of income? If not, estimate the percentage of family income that comes from the farm in a typical year. ______________________

12. Please describe your farm. How many acres in production? Types of crops/animals? Number of family members/employees? Marketing outlets? Years operating?

13. Briefly describe the impact that the COVID-19 crisis has had on your farm and family.
14. If applicable, please provide information (sources, dates of payments, amounts, etc.) on emergency assistance or other payments that you have received or expect to receive due to the COVID-19 crisis.

16. Please provide contact information for a reference who can verify the farm information you have provided. Preferably, this should be a professional reference and not a personal reference (i.e. a County Extension Agent, seed dealer, etc.).

Name: ____________________________________________________________

Relationship to you: ______________________________________________

Phone Number: ___________________ Email Address: ___________________

Signature and Certification

☐ I understand that this application is for a grant of $500. If I am approved for the grant, I understand that the money is 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 farm family or farm operation has received an emergency grant from AFR/OFU Foundation in relation to COVID-19.

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

☐ I agree that Farm Aid or AFR/OFU Foundation 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.

Print Name: ___________________________  Date: ___________________________

Signature: _____________________________________________________________