FARMER/RANCHER/FARMWORKER RESILIENCE
AWARD APPLICATION

Idaho Organization of Resource Councils - Montana Farmers Union - National Young Farmers Coalition - New Mexico Farmers Marketing Association - Northern Plains Resource Council - Powder River Basin Resource Council - Quivira Coalition - Rocky Mountain Farmers Union - Utah Farmers Union - Western Colorado Alliance - Western Organization of Resource Councils

How Much Money Is Awarded?

Successful applicants will receive a one-time $500 emergency resilience award.

What Can the Award Be Used for?

Resilience awards are intended as emergency relief for farmers, ranchers, farmworkers, 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 a farm or ranch. The funds may not be used for any business expense or investment. The IRS guidelines regarding direct assistance to farm, ranch, and farmworker families prevent Farm Aid from granting funds to support a farm or ranch and its business costs. Your acceptance of this 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 10 business days of weekly review meetings.

Applications can be submitted online at https://www.surveymonkey.com/r/C78KV3Y or by mail to Nick Levendofsky, 7900 East Union Ave. Suite 200. Denver, CO 80237. We encourage you to submit your application as quickly as possible, using the online form, to ensure funds are still available.

Who Can Apply?

Family farmers, ranchers, and farmworkers who have suffered hardship because of the COVID-19 crisis in CO, WY, NM, ID, UT, AZ, and MT. Funds are reserved for those who have the highest need, with 50 percent of funds reserved for farmers, ranchers, and farmworkers who are in a socially disadvantaged group as defined below.

Family farms and ranches are defined as those where a substantial portion of family income comes from agricultural production and one or more members of the family is actively engaged in day-to-day farm or ranch 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 or ranch operation.

Socially disadvantaged groups are defined as groups whose members have been subjected to racial, ethnic or gender prejudice because of their identity as members of a group without regard to their individual qualities. Groups that qualify for preference under this fund are women and/or farmers, ranchers, and farmworkers of color (Black/African American, Asian/Asian American, Pacific Islander, Hispanic/Latino, American Indian, or Alaska Native). To qualify for this preference more than half of the agricultural business must be owned by individuals who are socially disadvantaged.

Confidentiality

Need Help?

For assistance with this application, please contact Harrison Topp, 303-918-3538, harrison.topp@rmfu.org.
FARMER/RANCHER/FARMWORKER APPLICATION

The Intermountain West Partnership and its member organizations 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.

* - Required

1. PRIMARY APPLICANT NAME AND AGE: ___________________________________________________

2. FARM/RANCH BUSINESS NAME: ___________________________________________________

3. PHONE NUMBER: ___________________________________________________

4. EMAIL ADDRESS: ___________________________________________________

5. MAILING ADDRESS: ___________________________________________________

7. PHYSICAL LOCATION (if different than mailing address): __________________________________________

8. Is more than half of this business owned by women and/or people of color?
   - Yes
   - No
   - N/A

9. What is your race/ethnicity? (optional)
   - Black/African American
   - Asian/Asian American
   - Latino/Hispanic
   - Multi-racial
   - White
   - American Indian
   - Would rather not say
   - Other: ____________________

10. What is your gender? (optional)
    - Male
    - Female
    - Would rather not say
    - Other: ____________________

11. Has anyone in your family or farm/ranch operation received a Farm Aid COVID-19 Resilience Award from us?
    - Yes
    - No

12. Is farming/ranching or farm work your family’s main means of income? If not, estimate the percentage of family income that comes from the farm/ranch/farm work in a typical year:
    __________________________________________
* 13. If applicable, briefly describe your farm/ranch. How many acres in production? Types of crops/animals? Number of family members/employees/contractors? Marketing outlets? Years operating?

* 14. Briefly describe the impact that the COVID-19 crisis has had on your farm/ranch and/or family.

15. 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 information you have provided. Preferably, this should be a professional reference and not a personal reference (i.e. a County Extension agent, seed dealer, farmworker colleague, 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 a farm/ranch operation.

☐ I certify that no one in my family or farm/ranch operation has received an emergency grant from the Intermountain West Partnership or its member organizations 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, the Intermountain West Partnership or its member organizations have 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: ____________________________