



Farm Aid COVID-19 Farmer Resilience Initiative Grants

To fill out this form, please print out the application and write-in answers OR download the document and complete the answers in Microsoft Word on your computer.

The grant funding is \$500 and is meant to lessen the immediate financial needs of farmers and their households. Funds are intended to cover expenses like food, medical bills, utility bills, etc. The funds are NOT meant to cover farm-related expenses. The IRS guidelines regarding direct assistance to farm families prevent us from granting funds to support the farm and its business costs. Your acceptance of this grant award signifies your understanding and agreement to these use requirements.

The funding is provided by a grant from Farm Aid <https://www.farmaid.org>

The Hawaii Farmers Union United Foundation (HFUF) and The Kohala Center (TKC) will administer these funds in partnership with the 13 chapters of the Hawaii Farmers Union United that are spread across Hawaii's islands.

Application Due: July 28, 2020, 6 pm

Grant decisions will be made on July 31. Applicants will be notified via email regarding the status of their application.

SUBMIT APPLICATION

Email a signed copy of this application to the Vice President of the Hawaii Farmers Union Foundation, Anny Bruch at vicepresident@HFUF.org

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, EIDL), and
- 3) earn a substantial portion of their household income from farming.

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

Questions

If you have questions about the application, please contact us at vicepresident@HFUF.org

RESPONSES ARE REQUIRED FOR ALL QUESTIONS UNLESS LISTED AS OPTIONAL

1. First name: _____ Last name: _____

2. Farm name/Business name: _____

3. Email and Mailing Address (Include your **full mailing address** - street address, town/city, and zip):
Email - _____
Island - _____
Street Address - _____
City/Town - _____
State - _____
Zip Code – _____

4. Farm address/location (if different from above): _____

5. Phone number: _____

6. Date of birth: _____

7. What type of farm do you have (poultry, vegetable, etc.)? _____

8. What farming practices do you use? _____

9. Number of acres in production? _____

10. How long have you been farming? _____

11. How many people does your farm employ? (please check both family & non-family as it applies)
 Myself & family
 1-2 employees, non-family
 3-5 employees, non-family
 6-10 employees, non-family
 More than 10 employees, non-family

12. What percentage of your income is derived from farming?

- 1-5%
- 6-10%
- 11-25%
- 26-50%
- More than 50%

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

14. 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

15. Please describe your family's current financial situation.

16. Please describe how the funds will be used.

17. Have you or your farm received any federally funded emergency relief funds (i.e. PPP, EIDL)?

18. Please check all that apply to you/your farm:

- Filed a Schedule F in 2019
- Have developed a farm plan with USDA

Conditions of the COVID-19 Farm Emergency Grant

You must agree to the conditions of this grant to be considered for funding. If you don't check these statements with an "x" or other mark then your application will not be processed.

___ 1.) 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.

___ 2.) I certify that no one in my family or farm operation has received an emergency grant from Farm Aid in the past 12 months.

___ 3.) I certify that all the information in this application is complete and correct to the best of my knowledge.

___ 4.) I agree that HFUF and The Kohala Center 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: _____

Signature: _____ Date: _____

(You may type your name in the signature block if you do not have an electronic signature. By doing so, you confirm that the individual named above is in fact the person signing this document)

To apply for grant funds, email this completed and signed document to
vicepresident@HFUF.org by 6 pm, Tuesday, July 28, 2020.