

**Louisiana Interchurch Conference / Farm Aid Relief Fund
GRANT APPLICATION**

Please fill in the application as completely as possible. The Louisiana Interchurch Conference will only use this information for processing applications and will not pass it on to any outside agencies except as necessary to verify the information contained herein or unless legally required to do so. The LIC does supply a listing containing basic information to Farm Aid, Inc. to account for grants distributed.

Name: _____ Today's date: _____

Name of Farm (if it has a specific name): _____

Address of the property affected: _____

Number of persons who live on the farm and their relationship to you: _____

Mailing address if different (e.g., if you are staying with relatives until your property is inhabitable):

Phone: _____ Alternate Phone: _____ Email: _____

Please check all that apply:

- CSA, Farmers' Market, and other direct sales of produce
- Crop farmer
- Livestock or dairy farmer
- Other type of grower (please list) _____
- Certified organic (name of certifying agency) _____
- Certified by other certifying agency (e.g., Animal Welfare Institute, etc.) please list _____
- Member or active participant in a sustainable farming organization in the affected area (please list one or more) _____

Please tell us a little bit about your farm: Acreage, sustainable farming practices, & products you market:

Please provide a current business contact name and phone# where you sell your crops, livestock, etc.:

Briefly describe how flood, storms, drought, insects, family illness, or other economic setbacks have impacted your farm:

When you file your taxes with the IRS, do you file a Schedule F ? (Profit or Loss From Farming).

Yes ____ No ____

Do you have insurance for flood damage? Yes ___ No ___

Do you qualify for federal crop insurance? Yes ___ No ___

If YES, please give details of the extent of what is not covered & which would apply to your current loss:

Amount of relief funds you are applying for, **up to \$500: _____

(**Also dependant on funds availability)

Alternate sources of income available to you:

For example: Do you have another job outside of the farm? Government subsidies?

Alternate income is allowed; we simply ask about alternate income to verify that these household grants would be reserved for those who do not already have high levels of income from alternate sources.

Other income type _____ Monthly Amt: _____

Other income type _____ Monthly Amt: _____

I certify that all the information in this application form is complete and correct to the best of my knowledge. If the information in this application form changes, I will inform the LIC. I understand that if I should receive this grant, it is to be used for household/discretionary expenses. The Internal Revenue Service prohibits use of these funds to support the farm operation and its costs.

I agree that the LIC 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.

Name of applicant (please print) _____

Signed (electronic signature acceptable)

Dated

Please send, fax or email completed form to:

Louisiana Interchurch Conference
527 North Blvd., 4th Floor
Baton Rouge, LA 70802
voice (225) 344-0134
fax (225) 344-0142
lainterchurch@aol.com

If you have questions, please contact Fr. Dan Krutz, Executive Director, at 225-344-0134 or lainterchurch@aol.com.