Northeast Farmers Fund Application

We are not currently accepting applications.
Please fill out our Interest Form, linked here, to receive updates ahead of applications opening in October.

Farm Name *

Farm Point of Contact Name *

Farm Point of Contact Email *

example@example.com

Farm Point of Contact Phone *

Please enter a valid phone number.

Farm Physical Address *

Street Address

Street Address Line 2

City

State

Zip Code

Is your mailing address different than your farm's physical address? *

- ◯ Yes
- ◯ No

Mailing Address

Street Address

Street Address Line 2

City | State / Province

Postal / Zip Code

Do you have a Farm Service Agency (FSA) Farm Number? *

- ◯ Yes
- ◯ No, but I am willing to obtain one
- ◯ No, and I am not willing to obtain one

Your FSA Number:

Farm Size (acres) *

Please Select

What is your annual gross farm income? *

Please Select

Please estimate the number of hours worked per week by employees (excluding owners) *

How many years has your farm been in business? *

Please describe your stewardship and soil health goals *

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Select the production type(s) that applies to your farm *

- [ ] Dairy
- [ ] Livestock / Grazing
- [ ] Vegetables
- [ ] Orchard
- [ ] Flowers
- [ ] Other

(If Other) What other Production types apply to your farm?

Select the Conservation Practices you currently implement *

- [ ] Rotational Grazing
- [ ] Cover Cropping
- [ ] Reduced Tillage
- [ ] Compost Application
- [ ] Soil Testing
- [ ] Nutrient Management
- [ ] Other

(If Other) What other conservation practices do you implement?

Do you follow NRCS Conservation Practice Standards for the above mentioned practices? (Note: we may request verification of these practices) *

- ◯ Yes
- ◯ No

For the following questions about certifications, please select the option that most closely matches the situation of your farm:

Organic *

◯ Certified ◯ Actively Pursuing ◯ Interested in Pursuing ◯ Not Interested / NA

Regenerative Organic *

◯ Certified ◯ Actively Pursuing ◯ Interested in Pursuing ◯ Not Interested / NA

REAL Organic *

◯ Certified ◯ Actively Pursuing ◯ Interested in Pursuing ◯ Not Interested / NA

Certified Grassfed *

◯ Certified ◯ Actively Pursuing ◯ Interested in Pursuing ◯ Not Interested / NA

Soil & Climate Health Initiative *

◯ Certified ◯ Actively Pursuing ◯ Interested in Pursuing ◯ Not Interested / NA

Other certification (not listed) *

◯ Certified ◯ Actively Pursuing ◯ Interested in Pursuing ◯ Not Interested / NA

Please describe the 'Other' certification you are interested in

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Indicate which channels you currently sell directly to *

- ☐ Direct markets (CSA, farmers market)
- ☐ Wholesale buyer
- ☐ Distributor
- ☐ Retail
- ☐ Processor
- ☐ Institution
- ☐ Restaurant

Describe your current markets in detail *

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Will your proposed project enable you to expand into new markets? *

- ◯ Yes
- ◯ No

(If Yes) Describe the markets you plan to expand into

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Will your proposed project enable you to increase your sales within your existing markets? *

- ◯ Yes
- ◯ No

(If Yes) Describe how you will increase sales in your existing markets

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Are you connected to or working with any of the following?

- ☐ Hannaford Supermarkets
- ☐ Stonyfield Organic
- ☐ Whole Foods Market

Please describe your relationship(s) if applicable

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What would you like to use program funding for? Your project must fit into one of the following funding categories (details can be found in our funding guidelines):

A. Expanded production of regenerative products
B. Certification and Verification
C. Brand Development

*NOTE: we cannot fund any project that has an existing NRCS conservation practice standard

Your answer: *

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Please confirm the project outlined above does not contain any NRCS conservation practices *

- ◯ Yes, the project does not contain any NRCS practices
- ◯ No

Will this project require permitting? *

- ◯ Yes
- ◯ No

Estimated total cost of the project *

Estimated funding request (max $50,000) *

Have you obtained quotes or cost estimates? (Note all project expenses need to be based on vendor quotes/contracts/etc that will need to be provided at a later date) *

- ◯ Yes
- ◯ Not yet, but I understand they will be required

Can your proposed project be completed before November 30th, 2027? *

- ◯ Yes
- ◯ No

How will this project improve your ability to market, sell, or access new or higher-value markets? (Examples: access new buyers, increase sales volume, achieve certification for premium pricing, improve branding) *

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Are you interested in receiving funding for soil sampling and analysis? (This funding is provided *in addition* to the $50k project limit. Depending on your production type and project timing, a Technical Assistance Provider (TAP) may travel to your farm to conduct soil sampling. If accepted, your assigned TAP will provide more details) *

Please Select

Are you receiving any other USDA funding related to your proposed project? (USDA funds from different sources cannot be used for the same expenses) *

- ◯ Yes
- ◯ No

(If Yes) Please explain your other sources of USDA funding

Are you currently receiving/expect to receive funding through Pasa's Advancing Markets for Producers program? *

Please Select

Is there anything else we should know about your farm or project?

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Please confirm the following in order to be eligible for this funding:

- I understand funding is provided in two stages (initial + final payment)
- I understand I must provide documentation (receipts, photos, etc.)
- I understand I will work with a Technical Assistance Provider (TAP)
- I understand that quotes or cost documentation will be required before approval
- I understand that through the program, I will be receiving Federal USDA funding. Data collected through the program will be shared with USDA in WNC's grant reporting, including, but not limited to: Farm's FSA ID, name, address, acreage, commodity type, harvest yields and sales volumes, relevant Tract and Field IDs, amount of USDA funding received, and information about your funded project and marketing outcomes.

I confirm I have read and understand the above requirements *

- ○ Yes
- ○ No

Where did you hear about this opportunity? *

- ☐ Another farmer
- ☐ Agricultural organization (e.g. MOFGA, NOFA, MFT, AFT)
- ☐ Technical Assistance Provider / Consultant
- ☐ Wolfe's Neck Center Communications (Newsletter, Social Media, etc)
- ☐ Wolfe's Neck Center Staff Member
- ☐ Event
- ☐ Online
- ☐ Other

Did you receive support in preparing this application? *

- ○ Yes
- ○ No

Submit