



Southern Maryland Farm Viability Enhancement Program
APPLICATION -- FY 2008

PLEASE TYPE OR PRINT IN BALLPOINT PEN DATE: _____

County:	Date Received
If Plan approved, grant amount you anticipated requesting (up to \$10,000, 20,000 or 40,000):	
Category applying for: Agro-tourism, Livestock, etc.	

Applicant(s)

Name(s):	
Address:	
Home Phone:	
Other Phone:	FAX:
Email:	

Property Identification:

a) Location if different from above:

Address:
Phone:
Name of person(s) in residence:

b) Name(s) on Deed if different from above:

Name(s):
Address(es):
Phone:

NOTE: Information provided below on this statement shall be treated as confidential by the Southern Maryland Agricultural Development Commission of the Tri-County Council and shall be subject to disclosure only with the consent of the applicant.

Please provide the following information. Extra sheets may be attached. The explanation may be in a narrative form signed by the applicant or his or her agent.

Farm Activities

1. Describe your vision of your farm production goals, financial expectations, and time lines.

Criteria for Selection:

1. Describe fully the agriculture carried out on the farm. Give acreage or quantities of the various crops grown, the number and kinds of livestock, forest products, specialty crops, greenhouses, etc.

Total acreage of Farm owned:
Total acreage rented:
Acreage or quantity of specific crops, livestock, forest products, specialty crops, greenhouses, etc:

Is your land under Agricultural Land Preservation or another Land Preservation Program?

Agricultural Land Preservation Program __ Yes __ No	Other Land Preservation Program __ Yes __ No
Name of Program(s):	Name of Program(s):

Describe how participation in this program would enhance other federal, state or local programs to preserve, protect, and foster agriculture open space.

2. Describe the land in the entire farm under this ownership and indicate total acreage and that to be included in the program. Include a map of the property on a USDA Natural Resources and Conservation Service map and farm plan, or its equivalent, showing the breakdown of various soil types and acreage possessing soil capability classes I through VI and a) the land area to be covered by the viability plan; and (b) the land to be covered by a possible agricultural use covenant if different than the land covered by the plan.

LAND TYPE OR USAGE: <i>acreage and description for each below</i>
A. Tillable Cropland
B. Non-Tillable Cropland
C. Nursery - Orchard
D. Pasture

E. Managed Woodland
F. Non - Managed Woodland
G. Ponds, Wetlands
H. Land occupied by farm buildings
I. Land occupied by commercial buildings of residences
TOTAL
J. Land owned by applicant which is rented by others
K. Land rented from others but used by applicant

Do you have any interest in tobacco production for human consumption (e.g.: do you produce, store, or market tobacco for human consumption?) If yes, please explain.

<input type="checkbox"/> Yes. Please explain.
<input type="checkbox"/> No.

Is your farm in compliance with the State of Maryland's Nutrient Management Plan (e.g.: Nutrient Management Plan been submitted and approved? If not, please explain.

<input type="checkbox"/> Yes. Please attach cover sheet signed by extension agent or nutrient advisor.
<input type="checkbox"/> No. Please explain:

3. **Degree of threat to the continuance of farming:** Describe here any contingencies, personal concerns or other circumstances or long range plans which may have a bearing on the retention of your land and the farm in agriculture. Such facts as death, retirement, foreclosure, financial stress, and estate settlement should be explained if pertinent along with any situation, which would require that this application be, handled expeditiously.

4. **Your Farm Viability Plan will include an environmental resource management assessment aimed at making recommendations concerning possible voluntary actions for improving the environmental viability of your farm. Please indicate which of the following issues apply to your farm operation:**

- erosion and sediment control water management
 facility wastewater and runoff control pesticide management
 other

List any conservation programs in which the farm currently participates (e.g.: CREP):

Farm Income and Financial Status

1. List any liens or encumbrances (and amounts) on the farm covered by this questionnaire.

2. Attach last three years schedule F forms.

3. If taxes for 2008 are not completed, indicate gross and net income.

\$	Gross Income	\$	Net Income
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4. Employment provided by farm operation:

a. Owner operator(s)		
b. Employees: Full-time	Part-time	Seasonal
c. Family help: Full-time	Part-time	Seasonal

5. Statement indicating if any family members have income from employment other than farm income identified above.

Please check to ensure the following are attached for your application to be complete

1. NRCS soil map with area outlined that will be included in the farm viability plan
2. Three years of Schedule F forms
3. Current recorded deed
4. Approved Nutrient Management Plan (signed cover sheet)

Applicant signature(s): _____ Date: _____

Proposed Timelines

- April 15, 2008 Applications (Phase I) due back to SMADC
- Dec. 2008 Business Plans due / Grant Applications (Phase II) due
- Dec. - Jan '09 Plans Reviewed / Approved
- January 2009 Initial funds disbursed

Return application no later than April 15, 2008 to:



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