



Farm Succession Planning Team GRANT APPLICATION

Send completed applications to: Center for Farm Transitions, Department of Agriculture,
2301 N. Cameron Street, Room 310, Harrisburg, PA 17110-9408;
888-724-7697 e-mail: RA-pagrows@pa.gov

Contact Information:

Farm Name _____ Contact Person _____
Address _____ City _____ State _____ Zip Code _____
County _____ Email _____ Phone Number _____
Fax: _____ Business #: _____ Cell #: _____
Preferred Method of Communication: _____

Farm Information:

Date of Preservation _____ Acres Preserved _____ Township _____

Have you previously worked with any persons or groups on transition/succession/business planning for your farm?

YES / NO

If so, please provide details – names, affiliations, progress made, etc.

Do you have a person identified to serve as a facilitator for your farm transition team? YES / NO

Facilitator Name: _____ Business Affiliation: _____

Phone #: (____) _____ E-mail: _____

Do you have persons identified to serve as additional members of your farm transition team? YES / NO

Name: _____ Business Affiliation: _____

Name: _____ Business Affiliation: _____

Name: _____ Business Affiliation: _____

Check here if you would like assistance identifying a team facilitator or additional team members

List the three most important areas that you would like for your team to address:

1. _____
2. _____
3. _____

Please provide a proposed estimated budget for the allocated funds:

(Feel free to provide on a separate sheet of paper to include all team member and other team related expenses)

| Team Member | Anticipated Expense Per Team Meeting | Total Annual Cost |
|--------------------------|---|---|
| <i>Example: Attorney</i> | <i>Example: \$200 per team meeting</i> | <i>Example: \$200 x 4 team mtgs = \$800</i> |
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Request is hereby made for payment of money for succession planning pursuant to the Agricultural Land Conservation Assistance Grant Program. This request is being made with full knowledge that at least half of the Transition Team costs will be derived from a source (including in-kind) other than state funds obtained through the grant program.

It is hereby understood that in order to remain eligible for a grant under this program, I must establish a farm succession/transition planning team consisting of professionals with expertise in the area of farm succession/transition planning for the purpose of developing a farm succession/transition plan, and hold regular meetings, no less than two times per year during the Grant Period, with members of the team and submit minutes of team meetings to the Department to show progress toward the development of the plan

It is further understood that all ledgers, bills, receipts, canceled checks, and any other supporting data shall be maintained for examination by the Pennsylvania Department of Agriculture, Agricultural Land Conservation Assistance Grant Program, for a period of three (3) years following the date payment is made.

I verify that the statements made in this application are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

[SIGNATURE PAGE FOLLOWS]

Applicant's Signature:

Sole Proprietor/Individual Person

If Applicant / Licensee is a Sole Proprietor/Individual Person, sign below without using any trade name or fictitious name under which he/she conducts business:

Name: _____

Signature: _____ Date: _____

Corporation

If Applicant / Licensee is a Corporation, either: (a) the President or Vice President must sign and the Secretary or Treasurer must sign; or (b) the signator must attach a corporate board resolution or letter from corporate officer authorizing the person to sign on behalf of the corporation.

Name of Corporation: _____

By: _____ Date: _____
(circle one: President / Vice-President / Authorized Signator, as per attachment)

By: _____ Date: _____
(circle one: Treasurer / Secretary)

Limited Liability Company

If Applicant / Licensee is a Limited Liability Company ("LLC"), a member or manager must sign on behalf of the LLC.

Name of LLC: _____

By: _____ Date: _____
(circle one: Member / Manager)

General Partnership or Limited Partnership

If Applicant / Licensee is either a General Partnership (GP) or a Limited Partnership (LP), a General Partner must sign on behalf of the entity.

Name of GP or LP: _____
(circle one: GP or LP)

Name of General Partner: _____

By: _____ Date: _____