 Alabama Sustainable Agriculture Network

**COVID-19 ADAPTATION FUND**

**WHAT CAN THE FUNDS BE USED FOR?**

These mini-grants cover the cost of safety and accessibility upgrades, as well as any adaptive measures that enable farmers and farmers markets to meet (or continue to meet) community food needs during this time.

These costs may include: personal protective equipment or PPEs (e.g. masks, gloves), cleaning supplies (e.g. soap, hand sanitizer), software upgrades (e.g. to enable online sales), signage, packaging supplies (e.g. for prepacked deliveries), additional fuel costs (e.g. home delivery), additional wages (for additional time spent, extra hired help, hazard pay), documented loss of income due to lost sales, and other costs. (Please do not apply for funds to cover any costs that have already been covered by other emergency aid programs, including the CARES Act.)

Your own farm/market’s needs may differ from what’s in the list above – so share with us what support you need, and why, and our review panel will consider it. The big-picture goal here is not to split hairs but to provide needed support to our critical local farms and farmers markets.

Funds can cover past costs incurred on or after March 1, 2020, as well as anticipated costs through June 30, 2020. Costs must be directly associated with COVID-19 – these funds will not pay for unrelated farm/market upgrades.

Your acceptance of any awarded funds signifies your understanding and agreement to these requirements.

**HOW MUCH MONEY IS AWARDED?**

Successful mini-grants will be awarded, on average, $500 or less. In exceptional cases we may be willing to provide more than $600 in support.

**WHO CAN APPLY?**

Family farmers and farmers markets who have been impacted by COVID-19 and have suffered hardship as a result are eligible to apply. Funds are reserved for farms and markets that can demonstrate the highest need and highest community impact. Only one grant is allowed per farm operation/farmers market.

Family farms are defined as those where a substantial portion of family income comes from agricultural production and the family is actively engaged in day-to-day farm management and labor. A farmers market is defined as a retail marketplace (typically but not exclusively a physical space) where multiple farmers gather to sell products that they produce directly to consumers.

Farmers may apply if they:

* Are located in Jefferson, Walker, Blount, St. Clair, or Shelby County, OR
* Raise products that feed people/communities in those counties (ie attend farmers markets in those counties, have CSA members in those counties, etc.)

Farmers markets may apply if they:

* Are located in Jefferson, Walker, Blount, St. Clair, or Shelby County, AL

**HOW DO I APPLY?**

* ONLINE: Fill out the form at <https://forms.gle/F13kuc73EJejYYB77>
* PRINTED: Print and complete the application below, then EITHER (1) scan and email to [info@asanonline.org](mailto:info@asanonline.org), OR (2) mail to: ASAN, PO Box 2533, Birmingham, AL 35202. Type-written or hand-written applications will be accepted; if hand-written, please be sure your hand-writing is legible!
* OVER THE PHONE: Call ASAN at 256-743-0742. (Text or email [info@asanonline.org](mailto:info@asanonline.org) first if possible.)

**WHEN WILL APPLICATIONS BE REVIEWED?**

Applications will be accepted on a rolling basis and reviewed and approved on a weekly basis starting the week of 6/15. Weekly review will continue until all funds are exhausted, no later than 7/10. Awardees will be notified and checks will be issued within 5 business days of each review.

**HOW WILL APPLICATIONS BE REVIEWED?**

The following criteria are not requirements for eligibility (see section above, for that), only indications of some factors considered by the review panel.

For farmer applicants, preference will be given to those:

* who identify as: Black, Indigenous, or other people of color; nonbinary and/or LGBTQ+ people; and/or women
* who rely more heavily on farm income for livelihood
* whose products primarily feed communities in Jefferson, Walker, Blount, St. Clair, and Shelby counties

For farmers market applicants, preference will be given to those:

* who have strong ties to underserved communities
* who are "producer-only" (i.e. allow only vendors who sell produce/farm products they themselves have grown)

**CONFIDENTIALITY**

ASAN will only use the information in this application for processing applications and in the required reporting to the Community Foundation of Greater Birmingham. We will not share your information with any other individuals or organizations unless required by law.

**REPORTING**

All mini-grant recipients will be expected to submit a very brief report with ASAN, no later than July 17. Your acceptance of any awarded funds signifies your understanding and agreement to these requirements.

**MADE POSSIBLE BY:**

We are very grateful to the Community Foundation of Greater Birmingham for providing the funds to make these mini-grants possible, and more broadly for their leadership in quickly adapting to support Greater Birmingham’s communities during COVID-19. Learn more at https://www.cfbham.org.

ASAN COVID-19 ADAPTATION FUND – FARMER APPLICATION

**FARMER NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FARM BUSINESS NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **COUNTY**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your race/ethnicity? (optional; choose all that apply)**

* Black/African American
* Asian/Asian American
* Latino/Latinx/Hispanic
* Multi-racial
* White/European American
* American Indian/indigenous
* Would rather not say
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you identify as a: (optional)**

* Man
* Woman
* Would rather not say
* Other gender: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you identify as any of the following? (optional, choose all that apply)**

* Lesbian
* Gay
* Bisexual
* Transgender
* Queer
* Would rather not say
* Other LGBTQ+ identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is farming your family’s main means of income? \_\_ Yes \_\_ No If not, estimate the percentage of family income that comes from the farm in a typical year. \_\_\_\_**\_\_\_\_\_%

**Please describe your farm. How many acres in production? Types of crops/animals? Production methods? Number of family members/employees? Marketing outlets? Years operating?**

**IF NOT LOCATED IN JEFFERSON, WALKER, BLOUNT, ST. CLAIR, OR SHELBY COUNTY: what portion of your sales are to people/communities in those counties? Please elaborate as needed and desired, including names of farmers markets, percentage of home delivery sales, etc.**

**Briefly describe the impact that COVID-19 has had on your farm and family.**

**If applicable, please provide information (sources, dates of payments, amounts, etc.) on any emergency assistance that you have received or expect to receive due to COVID-19.**

**Please share what expenses you need mini-grant funds to cover (referring to “WHAT CAN THE FUNDS BE USED FOR?” section on page 1). Please include a description, cost calculation (e.g. units and unit cost), and purpose for each item.**

**Please provide contact information for a reference who can verify the farm information you have provided. Preferably, this should be a professional reference and not a personal reference (i.e. a County Extension Agent, market manager, etc.).**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature and Certification**

* I understand that this application is for a grant. If I am approved for the grant, I understand that the money is to be used for the expenses I listed above.
* If I am approved for this grant, I commit to submitting all required reporting, in full and on time.
* I certify that no one else in my farm family or farm operation has applied for or received a grant from ASAN for COVID-19.
* I certify that all the information in this application is complete and correct to the best of my knowledge.
* I agree that ASANhas the right to validate any information provided and will reclaim any money that has been paid as a result of fraudulent or misleading claims.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASAN COVID-19 ADAPTATION FUND – MARKET APPLICATION

**MARKET NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT TITLE / RELATIONSHIP TO MARKET:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **COUNTY**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your race/ethnicity? (Optional)**

* Black/African American
* Asian/Asian American
* White/European American
* Latino/Latinx/Hispanic
* American Indian/indigenous
* Multi-racial
* Would rather not say
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you identify as a: (Optional)**

* Man
* Woman
* Would rather not say
* Other gender: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you identify as any of the following? (Optional)**

* Lesbian
* Gay
* Bisexual
* Transgender
* Queer
* Would rather not say
* Other LGBTQ+ identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is your market a producer-only market? \_\_ Yes \_\_ No If not, please share why, and what percentage of vendors are resellers / non-producers.**

**Please describe your market. How many vendors? What type (% selling farm products, crafts, prepared foods)? How many average customers (if known)? Demographic makeup of vendors and customers? Number of paid employees? Affiliation with church, organization, government, or other entity? Years operating?**

**Briefly describe the impact that COVID-19 has had on your market.**

**If applicable, please provide information (sources, dates of payments, amounts, etc.) on any emergency assistance that you have received or expect to receive due to COVID-19.**

**Please share what expenses you need mini-grant funds to cover (referring to “WHAT CAN THE FUNDS BE USED FOR?” section on page 1). Please include a description, cost calculation (e.g. units and unit cost), and purpose for each item.**

**Please provide contact information for a reference who can verify the information you have provided. Preferably, this should be a professional reference and not a personal reference (i.e. city/county representative, Extension agent, fellow market manager, etc.).**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature and Certification**

* I understand that this application is for a grant. If I am approved for the grant, I understand that the money is to be used for the expenses I listed above.
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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_