



CONNECTICUT DEPARTMENT OF AGRICULTURE

450 Columbus Boulevard, Suite 703, Hartford, CT 06103
Bureau of Agricultural Development and Resource Preservation



2020 SPECIALTY CROP PLAN

Date Completed: _____ Contact Name _____

Farm Name _____

Mailing Address _____

Town _____ Zip _____

Farm Address _____ Town _____ Zip _____

Phone _____ (home) _____ (work) _____ (cell)

Email Address: _____ Website Address: _____

Cultivated Acres Owned _____ Cultivated Acres Leased _____ Total Acres Cultivated _____

List the farmers' markets you will be participating in or have applied to participate in (as both a full-time and/or part-time vendor). Attach a separate page if necessary.

- | | | |
|----------|-----------|-----------|
| 1. _____ | 6. _____ | 11. _____ |
| 2. _____ | 7. _____ | 12. _____ |
| 3. _____ | 8. _____ | 13. _____ |
| 4. _____ | 9. _____ | 14. _____ |
| 5. _____ | 10. _____ | 15. _____ |

I attest that this crop plan is truthful and an accurate representation of my farm's production area. **I understand it is my responsibility to maintain an updated crop plan with the Connecticut Department of Agriculture and provide a copy to each farmers' market my farm participates in.** I understand a current crop plan is required for valid participation in the Farmers' Market Nutrition Program and certified farmers' markets. Failure to maintain a current crop plan may result in dismissal from the program. I understand any farm products (as defined by CGS Sec. 22-6r (7)) not grown by myself and brought to a certified Connecticut farmers' market shall be labeled accordingly per CGS Sec 22-38.

Farmer Signature

Date

By affixing my signature to this statement (General Statutes of Connecticut, Vol 13, Sec 53a – 157b under penalty of false statement(*) in the second degree: Class A misdemeanor), I acknowledge that I have read and completed this document and/or someone has read it and completed it for me and it is true to the best of my knowledge and belief.

(*)Sec. 53a-157b. (Formerly Sec. 53a-157). False statement in the second degree: Class A misdemeanor. (a) A person is guilty of false statement in the second degree when he intentionally makes a false statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true

