

## CONNECTICUT DEPARTMENT OF AGRICULTURE



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

## **2024 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					
ist the farmers' markets you wi		d to participate in (as both a full-tim					
ist the farmers' markets you wi and/or part-time vendor). Attac	ch a separate page if necessary.						
ist the farmers' markets you wi and/or part-time vendor). Attac	ch a separate page if necessary.  6	11					
ist the farmers' markets you wi and/or part-time vendor). Attac L	ch a separate page if necessary.  6.  7.	11 12					
	ch a separate page if necessary.  6.  7.	11					

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.

Date
Da

By affixing my signature to this statement (General Statues 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

For each product grown or produced on your farm, enter the <u>total quantity of all varieties</u>. An additional sheet can be attached if necessary. This can be updated throughout the growing season.

Non Agricultural Products Sold at Farmers' Markets		Quantity (if applicable)	PLANTS & CUT FLOWERS		Flats	Containers/ Ball Burlap	Hangers	Total Greenhouse Sq Ft	
			Annuals						
			Perennials	5					
			Vegetable plants						
			Nursery						
			Cut Flowers		Acres:		<b>.</b>		
				Pesticid	le Applicators License Number (if applicable):				
		A list of plant varieties must be provided. Attached additional							
List Numbers of Applicable Licenses and Permits:		Permits:	SEAFOOD		Poun	ds/Year	Total Acres		
			Oysters						
LIVESTOCK, POULTRY, & EGGS	Nun	nber of Head	Hard Clam	ıs					
Cattle - Dairy	IVUII	ilbei oi fieau	Fin Fish						
Cattle - Beef			Seaweed/Kelp: # of long lines & length:		length:				
Cattle - Veal						enses and Perm	its:		
Sheep – Lamb			List Hairib	C13 01 7 1p	piloable Lie	enses and rem			
Sheep – Ewes			DAIRY PRO	ODUCTS	V	/arieties offered	(flavors, type	s, etc.)	
Pigs – Feeder			Yogurt				· · · · · · · · · · · · · · · · · · ·	•	
Pigs – Market Hogs			Ice Cream						
Pigs - Boars			Butter						
Pigs – Sow			Milk						
Chicken - Broilers			Cheese						
Chicken – Layers			List Numbers of Applicable Licenses and Permits:						
Chicken – Spent Hens									
Eggs – Dozens per Week			SOAP/LOTIONS/BATH GOODS PRODUCED ON-FARM						
Turkeys - Toms		(Provide the name of the item. Items produced by non-farmers should go in the non-ag							
Turkey - Hens					pro	ducts section above	.)		
USDA or Custom Slaughter:									
Slaughter & Processing									
Location(s):									
HONEY & MAPLE SYRUP		List Numbers of Applicable Licenses and Permits:							
Honey - Number of Hives			0	THER AG	PRODUCT	S PRODUCED O	N-FARM NOT	ISTED	
Honey – Pounds/Year									
Maple Syrup - # of Taps									
Maple Syrup – Gallons/Year									
BAKERY ITEMS PRODUCED ON-FARM									
(Provide the name of the item. Bakery items produced by non- farmers should go in the non-ag products section above.)						SPECIALTY FOO			
Services of the services of produces section above.		(Provide t	the name o		ms produced by nor oducts section above	_	o in the non-ag		
			Commercial Kitchen License Number:						

Keep a copy and send the completed form to: Jaime Smith – <u>Jaime.Smith@ct.gov</u> OR 450 Columbus Blvd, Suite 703, Hartford, CT 06103 AND provide a copy to the market master for each market you're attending in 2024.