

# MISSOURI RIVER FLOOD/FARM DISASTER RELIEF FUND APPLICATION 2011

Please read the application guidelines and then fill in the details below. The Center for Rural Affairs and will only use this information for processing applications and will not pass it on to anyone except as necessary to verify the information contained herein or unless legally required to do so.

Today's date: \_\_\_\_\_

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

Name of Farm: \_\_\_\_\_

Address of the property affected by rains and flooding:  
\_\_\_\_\_

Mailing address if different (e.g., if you are staying with relatives until your property is inhabitable):  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check all that apply:

- Beginning Farmer (have not been farming more than 10 years)
- CSA, Farmers' Market, and other direct sales of produce
- Crop farmer
- Livestock or dairy farmer
- Other type of grower (please list) \_\_\_\_\_
- Certified organic (name of certifying agency) \_\_\_\_\_
- Certified by other certifying agency (e.g., Food Alliance Midwest, Animal Welfare Institute, etc.) please list \_\_\_\_\_
- Member or active participant in a sustainable farming organization in the affected area (please list one or more) \_\_\_\_\_

Please tell us a little bit about your farm, your sustainable farming practices and the products you market.  
\_\_\_\_\_  
\_\_\_\_\_

Please list one or more references and their contact information to vouch for your sustainable farming practices, Potential references include a farming association or network you are a part of, a technical assistance provider, or a knowledgeable customer.

*(Name, organization, relationship to you, and their contact information.)*

\_\_\_\_\_  
\_\_\_\_\_

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Briefly describe how the flood or storms impacted your farm.

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Do you have insurance for flood damage? Yes No  
Do you qualify for federal crop insurance? Yes No

If YES, please give details of the extent of the coverage and what is not covered:

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**Amount of relief funds you are applying for, up to \$500:** \_\_\_\_\_

I certify that all the information in this application form is complete and correct to the best of my knowledge. If the information in this application form changes, I will inform the Center for Rural Affairs.

I agree that the Center for Rural Affairs has the right to validate any information provided and will reclaim any money that has been paid as a result of fraudulent or misleading claims.

Name of applicant (please print) \_\_\_\_\_

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Signed

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Dated

**Please send, fax or email completed form to:**  
Center for Rural Affairs  
145 Main St , PO Box 136  
Lyons, NE 68038  
voice (402) 687-2100  
fax (402) 687-2200  
tracib@cfra.org

**If you have questions, please contact Traci Bruckner or John Crabtree at the Center for Rural Affairs contact information listed above.**