
New Hampshire

*Department of Agriculture,
Markets, and Food*

Shawn N. Jasper
Commissioner

Crop Relief Program

Applicant Information

Applicant name:

Applicant telephone:

Applicant email:

Farm/Business name:

Farm/Business mailing address line 1:

Farm/Business mailing address line 2 (include zip code):

Farm/Business State of New Hampshire Vendor ID*:

**If you do not have a State of New Hampshire Vendor ID, please enter "NONE"*

**You will need to acquire a Vendor ID prior to payment of funds, if you receive an award in this program*

Is the applicant farm/business in good standing with the New Hampshire Secretary of State**? Yes No N/A

***Not applicable if applying as a sole proprietor*

Agreement and Certification

Record Retention:

If an award is made as a result of this Application, the Applicant/Awardee is required to retain all records pertaining to matters covered by this Application for 5 years. Any award resulting from this Application may be subject to state and/or federal audit requirements.

Binding Contract:

The Applicant/Awardee understands, agree and accepts that, while there is no legal obligation for the State to make an award to Applicant/Awardee based on this Application, this Application will be used to determine the eligibility of the Applicant/Awardee for an award.

Any Award in this program is funded by the State's allocation of funds from the United States Treasury under the American Rescue Plan Act, SFRF, ALN number 21.027, The Federal Award Identification Number (FAIN) SLFRP0145. The Applicant/Awardee understands, agrees and accepts that this Application, and the terms contained herein, any requirements in the Application, and any additional resources posted on the NH Department of Agriculture, Markets, and Food (DAMF) website, and any requirements in the notice of award, will become a binding contract if the determination is made to provide the Applicant/Awardee with an award in any amount, subject to final approval by the Governor and Executive Council when necessary.

Public Disclosure Notification:

The business names and address of all Applicants, and the amount of every award made to all Applicants/Awardees, will be public information, subject to disclosure, and may be posted on the DAMF website. DAMF will assert that any information obtained through this program, other than business names and addresses, and award amounts, is confidential financial information that is exempt from disclosure under RSA 91-A:5, IV, unless ordered to disclose such information by a court of competent jurisdiction.

Certification:

By signing this application Applicant/Awardee hereby certifies that all information provided in this Application is true, complete, accurate, and up-to-date as of the date specified below. The Applicant/Awardee further certifies that there are no misrepresentations of information provided. The Applicant/Awardee understands that it must immediately notify DAMF in regard to any changes, corrections, or updates to the information provided.

By submitting this Application and checking the box for acceptance, the Applicant/Awardee understands, agrees and accepts use of its electronic signature as binding and final in accordance with all terms of RSA 294-E, the Uniform Electronic Transactions Act.

The Applicant/Awardee understands, agrees and accepts that by submitting this Application, it is certifying that the signor has authority to bind the business entity and that the State is entitled to rely on this certification as actual and apparent evidence of authority to bind the business entity.

Check this box for acceptance

Authorized Signor:

Title:

Date:

Please print a copy of this application for your records