



Bassett Healthcare Network
New York Center for Agricultural
Medicine and Health

John May Farm Safety Fund
Application Packet



JOHN MAY FARM SAFETY FUND APPLICATION FORM

PURPOSE

The New York Center for Agricultural Medicine and Health (NYCAMH) John May Farm Safety Fund provides financial help to New York farmers to improve work-related safety on their farms.

ARE YOU ELIGIBLE?

Applicants must meet the following criteria to be eligible for receiving funds under this program:

- Resident of New York State
- Active farmer (part or full-time)
- Non-dairy farm's annual gross cash farm income is \$10,000 - \$350,000 OR Dairy farm has fewer than 700 milking cows

HOW DOES IT WORK?

- Applications to the program may be submitted at any time. The number of awards and the award amount will be determined by NYCAMH on a first-come, first-served basis.
- Awards may not exceed 50% of the estimated total cost of the project, with a maximum award amount of \$5,000.
- For applicants being considered for an award, a site visit will be conducted by one of NYCAMH's farm safety staff. As part of the site visit documentation, NYCAMH staff will take photographs, which may also be used in our media and promotion. During the pre-project visit, farm safety staff will recommend whether a post-project visit will be necessary or the review of before-and-after photographs will be sufficient to determine completion. However NYCAMH reserves the right to schedule a post-project visit if photos are deemed insufficient.
- Applicants will not be reimbursed for any project expenses incurred before the project is approved by NYCAMH.
- Funds will be awarded with the stipulation that the project must be completed within one (1) year of award notification, unless an extension has been requested and approved. Proof of completion must be submitted within one year after signing the funding agreement.
- After project completion, the award recipient is required to (a) contact a NYCAMH farm safety staff member to schedule a post-project site visit OR, if deemed appropriate, submit photographs of the completed work AND (b) submit an evaluation and expenditure summary form, along with copies of paid receipts. After reviewing the submitted documentation, NYCAMH will send the full award to the recipient.
- NYCAMH staff will take photographs to document pre- and post-site visits and for promotion purposes. Written and verbal testimonials may also be used for promotional purposes.

HOW DO YOU GET AN APPLICATION PACKET?

- Download from NYCAMH website (<http://www.nycamh.org/programs/john-may-farm-safety-fund/>)
- Pick up hard copy at NYCAMH, located at 6160 State Highway 28, Fly Creek, NY 13337
- Contact the JMFSF Team/NYCAMH at 800-343-7527 or jmfsf@bassett.org

APPLICATION CHECKLIST

- Complete Application Form.
- Provide written consent of building/business owner, if not the applicant.
- Sign/date the application's Letter of Agreement.
- Provide detailed estimates of the project costs (do not have to be professional).
- Mail to: John May Farm Safety Fund OR Deliver to: NYCAMH OR Email: jmfsf@bassett.org

Attn: JMFSF Team	6160 State Highway 28
NYCAMH	Fly Creek, NY 13337
One Atwell Road	Attn: JMFSF Team
Cooperstown, NY 13326	

QUESTIONS?

Contact **JMFSF** Phone: 800-343-7527 | Fax: 607-547-6087 | E-mail: JMFSF@bassett.org

JOHN MAY FARM SAFETY FUND APPLICATION FORM

CONTACT INFORMATION

Date: _____

Applicant Name: _____

Farm Name: _____

Title: _____

Mailing Address: _____

Site Address (if different from Mailing): _____

County: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Fax: _____

E-mail Address: _____

Farm Website: _____

How did you hear about the John May Farm Safety Fund? _____

Have you worked with NYCAMH before? Yes
 No

If, yes in what ways? _____

PROPERTY OWNERSHIP INFORMATION

Do you own the property? Yes (If Yes, skip this section and go to Farm/Commodity Information)
 No (If No, complete this section and attach owner's written consent)

Owner Name: _____

Owner Mailing Address: _____

Owner Home Phone: _____ Owner Cell Phone: _____

Owner Business Phone: _____ Owner Fax: _____

Owner E-mail Address: _____

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PROJECT PLAN

Proposed Work Start Date: _____ Proposed Work Completion Date: _____

Estimated Project Costs

Detailed estimates required (though not required to be professional estimates):

Unpaid/Volunteer Labor (Estimated hours) _____

Paid Labor (Attach detailed estimates) \$ _____

Materials and Supplies (Attach detailed estimates) \$ _____

Equipment (Attach detailed estimates) \$ _____

Other: _____ \$ _____

TOTAL ESTIMATED COSTS \$ _____

REQUESTED AMOUNT* \$ _____

** may not exceed 50% of the total estimated costs, with a maximum award of \$5,000*

Will you be receiving funds from anyone else to complete this project? Yes No

If Yes, list sources and amounts: _____

IMPORTANT

- Attach a copy of written consent for this project from the building owner if not the applicant.
- Your project must be designed and completed in accordance with all applicable local, state, and federal laws and regulations. Attach copies of any professional estimates, permits, architectural plans, design sketches, site plans and/or photographs, as appropriate.
- Attach proof of financing sources, if you will be receiving funding from other sources for this project.

JOHN MAY FARM SAFETY FUND APPLICATION FORM

LETTER OF AGREEMENT

By signing this Letter of Agreement, I agree to the following:

1. The New York Center for Agricultural Medicine and Health (NYCAMH) will review my application and other documents; and if approved, NYCAMH's award may not exceed 50% of the project cost, with a maximum award amount of \$5,000.
2. I am a resident of New York State and an active full-time or part-time farmer.
3. Either my annual gross receipts fall within \$10,000 - \$350,000, or I have fewer than 700 milking cows on my dairy farm; and I can supply documentation if requested.
4. I am solely responsible for obtaining the proper permits or variances for my project; and the costs associated with obtaining these permits or variances may not be included as project costs in the application.
5. NYCAMH will provide funding for the project after the following has occurred:
 - NYCAMH determines that the actual work performed was the work approved, either through a post-project visit by NYCAMH farm safety staff or through review of before-and-after photographs. NYCAMH will decide whether the photographs or the post-project visit are appropriate when reviewing the funding application. In addition NYCAMH reserves the right to schedule a post-project visit if photos are deemed insufficient.
 - NYCAMH has reviewed the Project Expenditures and Summary form and the copies of project receipts that I completed.
6. NYCAMH will not reimburse any project expenses incurred prior to approval of the project.
7. NYCAMH must review and approve any changes or alterations to my project after the initial approval is given. I am responsible to notify NYCAMH of such changes before they are started.
8. I must complete my project and submit the final paperwork within one (1) year of accepting the award. Extensions will be considered only as necessary.
9. If I do not own the building or property where this project takes place, I have included with my application the written consent from the owner to make the proposed improvements.
10. NYCAMH reserves the right to approve or reject any application.
11. NYCAMH staff may take photographs to document pre- and post-site visits and for promotion purposes. Written and verbal testimonials may also be used for promotional purposes.
12. In consideration of my interest in completing a safety project on my farm and my request for safety grant funding that provides a 50% reimbursement for the total cost of my project up to a cap of \$5,000, I release from liability and waive my right to sue NYCAMH, its parent organization, their employees, officers, volunteers or agents from any and all claims, including any events incidental to this activity.

I have read and agree to the terms outlined in this application and its supporting documents.

Printed Name of Applicant: _____

Signature of Applicant: _____ **Date:** _____

FOR NYCAMH OFFICE USE ONLY DATE RECEIVED/BY (INITIALS): _____ / _____
