



# CONNECTICUT DEPARTMENT OF AGRICULTURE

450 Columbus Blvd, Suite 703 | Hartford, Connecticut 06103 | 860.713.2500

Bureau of Agricultural Development & Resource Conservation

An Equal Opportunity Employer



ctgrown.gov

## 2024 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. | 2.  |
| 3. | 4.  |
| 5. | 6.  |
| 7. | 8.  |
| 9. | 10. |

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 Connecticut Grown 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 and which statement is intended to mislead a public servant in the performance of his official function.

