Date of Application: _____

Section 1. General Applicant Information

(*all applicants must complete this section*)

BUSINESS ENTITY'S LEGAL NAME: _____

STATE OF INCORPORATION AND CHARTER NUMBER: _____

FARM'S PRIMARY PRODUCT(S): _____

CONTACT NAME: _____

MAILING STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHYSICAL STREET ADDRESS IF DIFFERENT: _____

PHYSICAL ADDRESS CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

NAME OF DACF STAFF (APS) WORKING WITH THE FARM: _____

Required Documentation - Section 1

The following information must be attached and submitted with this Section of the application:

A. Farm Narrative. A statement, one page or less, explaining (1) the date and circumstances of the discovery of PFAS on the property, (2) the impacts to the farm's business operations due to PFAS contamination, and (3) how the requested financial assistance will support the farm's efforts to remain viable despite these impacts.

B. Proof of Contamination. PFAS test results from an approved laboratory (*if DACF does not already have them*). See **Appendix B** for the current Maine PFAS Screening Levels, updated as of July 2025.

   The commercial farm has DACF-confirmed elevated levels of PFAS contamination, defined as
   1. One or more samples of farm products showing PFAS exceeding current Action Levels or deemed of concern by the Maine CDC, and/or
   2. groundwater test results exceeding Maine's enforceable interim drinking water standard for PFAS until superseded by either Maine's Maximum Contaminant Level (MCL) for PFAS or a federal MCL for PFAS, whichever is lowest, for wells servicing the farm or fields, and/or
   3. soil test results exceeding any current Maine CDC crop-specific screening level

C. Vendor Form. A completed State of Maine Vendor Authorization Form (*if not already on record*), available in Appendix A. The purpose of the vendor form is to establish an account with the State of Maine's accounting system so that payments may be issued to the applicant by the State of Maine. These payments may represent reportable income for tax purposes to the individual or entity applicant. Any change in information, such as an address change, requires a new vendor form.

Additional Information Requested – Section 1

Has this farm previously applied for assistance from DACF via the master application? ☐ YES ☐ NO

If YES, please indicate any changes in your operations that have occurred since your last application. Also, has the name/contact information provided above changed?

_____

_____

Does this farm currently produce any farm product with the intent that the farm product be sold or otherwise disposed of to generate income? ☐ YES ☐ NO

If no, approximate date farm stopped producing farm products for sale: _____

Applications Included in this Submittal:

Please check all applications that apply. If multiple projects are being applied for within a category, please indicate the number:

☐ Administrative Cost Grant

☐ Income Replacement

☐ Input Costs (# projects: ___)

☐ Tech Assistance/Prof. Services (# projects: ___)

☐ Equipment and Infrastructure (# projects: ___)

☐ Clean Feed Assistance

☐ New Loan Assistance

Signature Block – Section 1

Consent and Certification

By submitting this application, the undersigned:

- Agrees to partner with DACF to investigate the scope of contamination at the farm, grants ongoing access such that DACF staff are able to develop an understanding of the farm, its PFAS contamination, and potential strategies for recovery, and agrees to follow any such recommendations to the greatest extent possible;
- Authorizes DACF to receive information from and share information with other organizations when the information is necessary for DACF to make a decision on an application, including the Maine Department of the Environment (DEP), Maine Center for Disease Control and Prevention (MECDC), USDA Farm Service Agency, Maine Farmland Trust, and Maine Organic Farmers and Gardeners Association;
- Acknowledges that DACF reserves the right to request any additional supporting documentation that is necessary to evaluate the request for assistance;
- Acknowledges that DACF reserves the right to limit the amount of funding for all requests based on available resources;
- Agrees that if payments exceed a commercial farm's eligible documented expenses, losses, or other outlays, the commercial farm shall reimburse DACF an amount equal to the overpayment.

I certify that the information given in this application is correct and complete to the best of my knowledge. I acknowledge that where funds are granted for a specified purpose, those funds will be utilized solely for the approved activities described in the application.

I acknowledge that payments may represent reportable income for tax purposes.

I certify that I have been granted authority by _____ (business name) to sign as its representative, and my signature contractually binds the business in this agreement.

Applicant's Signature	Date
Applicant's Name (printed)	Title
Applicant's Signature	Date
Applicant's Name (printed)	Title

Please complete if someone assisted the applicant in completing this form:

Preparer Name (If not applicant)	Preparer's relationship to applicant

Permission to discuss application with Preparer: ☐ YES ☐ NO