

## **2024 SEMAP TIE Application**

## **PERSONAL INFORMATION**

| Farm Business Name:   | Are you a SEMAP member? ☐ Yes   |
|---|---|
| Applicant Name(s):  | ☐ No<br>☐ Unsure  |
| Business Street Address:  | Have you received a TIE Award before?  Yes, in the last 3 years   |
| Town:   | <ul><li>☐ Yes, more than 3 years ago</li><li>☐ No</li></ul>   |
| ZIP Code:   | [OPTIONAL] Do you identify as any of the following:   |
| Phone Number:   | <ul><li>☐ Woman</li><li>☐ LGBTQ+</li><li>☐ Veteran</li></ul>  |
| Email Address:  | <ul><li>□ Veterall</li><li>□ Immigrant</li><li>□ Hispanic or Latinx</li></ul>   |
| Type of Ownership:  | <ul><li>Black or African American</li><li>Asian or Asian American</li><li>Native American or Alaska Native</li></ul>  |
| Year Incorporated:  | <ul> <li>□ Native American of Alaska Native</li> <li>□ Native Hawaiian or Pacific Islander</li> <li>□ Other:</li> </ul>   |
| Acreage:  | [OPTIONAL] Do you identify as a <u>Limited</u> Resource Farmer? Check yes if, for 2021 and  |
| Gross Farm Sales Range (for nonprofits donating food, include your operating budget for your farm operation):  ☐ \$5,000 to \$24,999 ☐ \$25,000 to \$74,999 ☐ \$75,000 to \$149,999 ☐ \$150,000 to \$499,999 ☐ \$500,000 and up | 2022, your gross annual farm sales were less than \$226,300 AND your total household income was less than \$39,740 in Bristol County, \$54,242 in Plymouth County, or \$62,540 in Norfolk County.  Yes  No Unsure |

## **PROJECT INFORMATION**

| Amount Requested: \$   |
|--|
| Brief Project Summary (explain your project in 2-3 sentences):   |
| Project Description (include how your project fulfills the purpose of the TIE Award and clearly state the problem you are trying to solve on your farm).           |
| Overview of the methods you'll use to complete the project:  |
| How will this project impact operations on your farm in the short- and long-term? Include how the project will improve the business' viability and sustainability. |
| What is the expected timeline of your project?   |

| Estimated itemized project budget:   |
|--|
| Will you have the funding needed to implement this project before receiving reimbursement from SEMAP? Your response to this question will NOT influence the application review process.  Yes  No Unsure  |
| [OPTIONAL] Explain your response to the above, if you'd like.  |
| What is your preferred reporting method(s)? Choose as many as you'd like.  □ Presentation at the 2025 Southeast New England Agriculture Conference & Trade Show □ On-farm workshop □ Article/report in The Vine and Farmer Newsletter □ Recorded video □ Interview with SEMAP staff person |
| Applications must be <b>received by 5pm on Friday, March 15, 2024</b> . Submit online or mail this application to:   |
|  |

SEMAP P.O. Box 80625 S. Dartmouth, MA 02748