

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

2025 SPECIALTY CROP PLAN

Date Completed:	Contact Name		
arm Name			
Mailing Address			-
Town		Zip	
arm Address	т	own	Zip
Phone	(home/work)		cell)
Email Address:	Website Ac	Website Address:	
Cultivated Acres Owned	Cultivated Acres Leased	Total Acres	Cultivated
ist the farmers' markets you	will be participating in or have app	lied to participate in	(as both a full-time and/or part-time
vendor). Attach a separate pa	ge if necessary.		
1.	2.		
 *			
3.	4.		
	4. 6.		
5. 7.			

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
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By affixing my signature to this statement (General Statues 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.

For each product grown or produced on your farm, enter the <u>total quantity of all varieties</u>. An additional sheet can be attached if necessary. This can be updated throughout the growing season.

LIVESTOCK, POULTRY, & EGGS	Number of Head
Cattle - Dairy	
Cattle - Beef	
attle - Veal	
neep – Lamb	
heep – Ewes	
igs – Feeder	
Pigs – Market Hogs	
igs - Boars	
Pigs – Sow	
Chicken - Broilers	
Chicken – Layers	
Chicken – Spent Hens	
Eggs – Dozens per Week	
Turkeys - Toms	
urkey - Hens	
JSDA or Custom Slaughter:	
Slaughter & Processing Location(s	.):
	OVELLE.
HONEY & MAPLE	SYKUP
Honey - Number of Hives	
Honey – Pounds/Year	
Maple Syrup - # of Taps	_
Maple Syrup – Gallons/Year	
(Provide the name of the item. Bakery farmers should go in the non-ag pro	•
Bakery License Number:	
Non Agricultural Products Sold at Farmers' Markets	Quantity (if applicable)
at Farmers Warkets	(ii applicable)

Keep a copy/picture and send the completed form to market managers for each market attending AND the CT Department of Agriculture: 450 Columbus Blvd, Suite 703, Hartford, CT 06103.