**2024 CUSP**

**Extreme Weather Relief Application Instructions**

CUSP Direct Assistance Providers must collect all information contained in questions one through 22 and include certification statements in their application. Questions 23 through 28 are optional. Questions one through 18 will be required to complete the CUSP Extreme Weather Relief verification spreadsheet. Recipients may collect additional information as reasonable and necessary to their operation of the CUSP grant.

**2024 CUSP**

**Extreme Weather Relief Application Questions**

1. Email
2. Last Name
3. First Name
4. Farm/Ranch Name
5. Phone
6. Street Address
7. City, State
8. Zip Code
9. County of Residence
10. How do you identify yourself?
    1. Asian/Asian American
    2. Black/African American/African
    3. Hispanic or Latino/a/x
    4. Native American/American Indian/Alaska Native/Indigenous
    5. Native Hawaiian or Other Pacific Islander
    6. White/Caucasian/European
    7. Other (If other, please specify)
    8. Prefer not to state
11. What does your farm produce? (check all that apply)
    1. Fruits (e.g., watermelon, strawberries, cranberries, tree fruit)
    2. Vegetables (e.g., broccoli, peppers, squash, lettuce)
    3. Horticulture (e.g., herbs, flowers, potted plants for sale)
    4. Tree nuts (e.g., almonds, pistachios, walnuts)
    5. Honey
    6. Livestock
    7. Dairy products
    8. Grain (including hemp)
    9. Fungi
    10. Cannabis
    11. Other (please specify)
12. How many acres do you currently farm?
    1. Fewer than 5 acres
    2. 5-20 acres
    3. 21-50 acres
    4. 51-100 acres
    5. 101-200 acres
    6. More than 200 acres
13. Total gross farm revenues in 2024:
    1. Less than $10K
    2. b. $10K - $49K
    3. $50K - $99K
    4. $100K - $199K
    5. $200K - $400K
    6. $400k or more
14. In the last 12 months, have you received a California Underserved and Small Producer (CUSP) award?
    1. Yes
    2. No (Proceed to question 16)
15. If yes, how much was the grant award amount for? \_\_\_\_\_\_\_\_\_\_
16. Amount currently being requested: \_\_\_\_\_\_\_\_\_\_\_\_

*Applicants may receive no more than $20,000 in CUSP extreme weather relief in a 12-month period. Applicants who have received CUSP extreme weather funding in the past 12 months may request additional funding for allowable costs not previously reimbursed, so long as the total funding in that 12-month period does not exceed $20,000. Direct relief recipients may receive additional direct relief funding from drought-only CUSP funding so long as expenses requested are not duplicated between the two programs.*

1. Please select the extreme weather events that have impacted your farm. (Select all that apply)
   1. Drought
   2. Wildfire / smoke
   3. Flooding
   4. Extreme heat
   5. Extreme cold / frost / freeze / heavy snow
   6. Hail
   7. Windstorm
   8. Heavy rainstorm
   9. High winds
   10. *Other (If other, please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
2. In what ways has your farm been impacted by extreme weather? (Select all that apply)
   1. Crop loss due to extreme weather not related to drought (e.g. heat burn, smoke damage, flood, extreme cold, etc.)
   2. Planted fewer acres or fallowed land
   3. Replacement of crops (including trees, nursery stock, and perennial plants)
   4. Replacement of farm inputs (including feed, fertilizer, compost, and cover crops)
   5. Sales Outlet fluctuation
   6. Infrastructure or equipment damage or loss
   7. Clean up/debris removal costs
   8. Purchase/rental of flood control equipment
   9. Additional equipment expenses
   10. Water/soil testing after flood events
   11. Livestock/beehive loss or increased veterinary or transportation expenses
   12. Biologic pest or animal disease/quarantine
   13. Increased labor costs or expenses (e.g. hazard pay, purchase of personal protective equipment)
   14. Additional land tenure expenses (e.g. relocation, lease payments)
   15. Other (please describe)
3. What do you estimate are the current financial impacts of the extreme weather events on your farm?
   1. $0 - $4,999

b. $5,000 - $9,999

c. $10,000 - $19,999

d. $20,000 - $49,000

e. $50,000 or more

**REQUEST AND VERIFICATION OF LOSSES**

1. Please summarize the estimated losses for which you will upload documentation. For example, if you upload documentation to demonstrate $5,000 in decreased revenue at farmers’ markets, please note “Farmers’ market sales - $5,000” in the chart. The Total Requested in the chart reflects the total relief amount.

|  |  |
| --- | --- |
| **Reimbursable Item/Expense** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Requested:** |  |

1. I have at least one of the documents that illustrates verification of losses. I will include file(s) as part of my application packet (either by email or by uploading directly to this form). Please refer to the CUSP Extreme Weather & Other Climate Impacts Relief Eligible Practices Table.
   1. Yes
   2. No
   3. Other:
2. Submit file(s) showing verification of losses by emailing or uploading.

EMAIL: to: (please include your full name and farm name in the subject line).

UPLOAD: (Provide instructions on how to upload files (via Google, for example) # files allowed & type/ format.)

Note: If the above documentation is not available or extreme weather loss is difficult to quantify, please complete the application and describe your situation in the space provided below.

Describe here:

1. References: Name + contact information (optional)
2. I would like to be added to <<organization’s>> mailing list for future updates regarding other grants or opportunities. (optional)
   1. Yes
   2. No
3. Farm website and/or social media handles (optional)
4. If you received assistance on the application, please list the organization who provided the assistance here (optional)
5. If you received assistance with your application and would like the name and contact information of the technical assistance provider that assisted you to be included on the application, please list their name, email and phone number here (optional)
6. How did you hear about this program? (optional)

Certifications:

I understand the CUSP eligibility requirements and certify that I am eligible for this program.

I certify that I have not received reimbursement from another source for the costs being requested with this application.

I certify the above information is complete, true, and correct to the best of my knowledge. I understand that I may be contacted by a CUSP technical assistance provider to follow up on the missing documentation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature