2024 PARTNER SHARES PROGRAM APPLICATION

FairShare CSA Coalition | 211 S. Pater St. Ste. 280, Madison, WI 53703 (608) 285-2434 | partnershares@csacoalition.org | www.csacoalition.org



First Name		Last Name		Primary P	Primary Phone Number			
Street Address		City	County		State	Zip Code	ip Code	
Email				Best way to contact you ☐ Email ☐ Phone ☐ Text				
How did you hear about Partner Shares? ☐ Friend ☐ CSA	Farm	☐ Newspaper ☐ Internet ☐	Event 🔲 C	ther - Please li	st:			
Are you a 1 st time CSA member? Yes No	you a 1 st time Partner Shares Appli							
Did you receive Partner Shares funding in 2020-2023? (Select	t all t	hat apply) - This won't impact 2024	4 assistance.	□ 2023 □	2022 🖵 2021	2 020		
Do you currently receive SNAP benefits? (Answer won't affe	ect yo	ur payment method or eligibility) [☐ Yes ☐ No	How often de	o you eat fruits a	and vegetables?		
What amount (\$) are you willing/able to spend on fresh fruits & vegetables/week for your household?	☐ I/we eat out for most meals ☐ I/we eat mostly pre-prepared/packaged foods ☐ I/we eat mostly meals prepared at home ☐ I/we eat mostly meals prepared at home				I/we eat fruits and/or vegetables at every meal I/we eat fruits and/or vegetables at least once per day I/we eat fruits and/or vegetables at least 5 times/week I/we eat fruits and/or vegetables at least 3 times/week Other			
SECTION 2: ELIGIBILITY Eligibility is partially based on your household income. Please household is aligible for Partner Shares. If aligible, assistance				to a		s income guidel e Federal Pover		
household is eligible for Partner Shares. If eligible, assistance will be provided on a first-come, first-served basis, up to maximum amount of \$350.				to u	HOUSEHOI	D 200%	200%	
How many members are in your household? What is your annual household income?					SIZE	Monthly	Annual	
☐ I do not meet the Partner Shares eligibility guidelines. However, I still require/request assistance.					1	\$2,430	\$29,160	
Choose your requested assistance level:					2	\$3,287	\$39,440	
□ 25% □ 50% □ 75% □ No Assistance (but I want FairShare to process my SNAP benefits) Please provide any feedback you may have on the sliding scale assistance aspect of the program:					3	\$4,143	\$49,720	
- Trease provide any recastack you may have on the shaing se	arc as				4	\$5,000	\$60,000	
					5	\$5,857	\$70,280	
					6	\$6,713	\$80,560	
SECTION 3: FARM CHOICE: Once you sign up with the CSA farm, please send us confirmation from the farm (a receipt, copy of an email, etc.) to partnershares@csacoalition.org.					7	\$7,570	\$90,840	
					8	\$8,427	\$101,120	
CSA Farm Name					9	\$9,283	\$111,400	
CSA Share Type*	(Ex	: Full, Half, Standard, Every Other W	Veek)		10	\$10,140	\$121,680	
Share Cost	_ ' "	. ,, , ,	,					

^{*} Only on-farm produced shares are eligible for Partner Share Program funding.

SECTION 4: PAYMENT PLAN SPECIAL OFFER: From Asparagus to Zucchini Please select your preferred method of payment for your CSA share. **Once your** Cookbook for \$5 application has been approved, FairShare staff will send you a payment plan. This cookbook is extremely helpful for learning how ☐ Single Check: 1 Payment, processed immediately to store and use the vegetables from your CSA ☐ Multiple Checks: 6 Payments, split May-Oct share. Partner Shares members can purchase one ☐ SNAP/EBT: Payments split over duration of CSA share discounted cookbook! Partner Shares Staff will ☐ Credit Card: 1 Payment, processed immediately contact Partner Shares participants in March with a ☐ Credit Card: 6 Payments, invoiced monthly starting immediately purchase link. ☐ Multiple Methods (i.e. check + SNAP) **SECTION 5: OPTIONAL-DEMOGRAPHICS:** In order to improve our outreach efforts and communicate with potential donors and funding sources about Partner Shares, we would like to learn a little more about our applicants. Providing demographic information is optional and appreciated! (Answers provided to the following questions do not affect the level of assistance 1/received) With what ethnic group do you most identify? What is your age? Please indicate your gender identification What are the ages of others in the household? With what racial group do you most identify? What is the highest degree or level of education you completed? PARTICIPANT AGREEMENT: As a Partner Shares participant, I certify that: ☐ My household qualifies for Partner Shares assistance based on FairShare's eligibility guidelines. ☐ I agree to pay FairShare CSA Coalition the CSA share co-payment amount determined by my income level. □ I will inform the Coalition immediately if I am having trouble making a payment, changing banking accounts or EBT card numbers, or must cancel my farm membership. ☐ I understand that I am making a commitment to a farm, and will be responsible for picking up my vegetable share every week throughout the season. (not required) I grant FairShare CSA Coalition the permission to publish photographs of me and my family at CSA Coalition events for media and promotional purposes. Signature Date **APPLICATION REQUIREMENTS:** The availability of shares and funding are limited. Requests for Partner Shares assistance are granted on a first-come, first-served basis. If you have questions, call (608) 285-2434. Checks should be made out to "FairShare CSA Coalition."

☐ Partner Shares Application ☐ CSA Farm Sign-Up Form

You will NOT be registered with your farm until the Coalition receives your application & payment(s).

You must send in ALL the following completed forms for your application to be considered complete and be processed: