

## KAUA'I KALO FARMER CERTIFICATION OF NEED INTAKE AND FOLLOW UP FORM

Emergency funding assistance is a one-time financial assistance to ONE (1) kalo farmer per farm that meets the eligible criteria below:

- (1) Applicant kalo farmer must be Native Hawaiian (Verification Required);
- (2) Kalo farm located in the area affected by the April 2018 heavy rains and flooding in the County of Kaua'i.

Applicant Name: (Print Name)		Date of Birth
Mailing Address:		Email:
Place of Residence: <i>(leave blank if same as above)</i>		Cell Phone: Work Phone:
Business Name:	Location of Farm:	
Business Address:	Size of Farm (acres): _____ How many acres in kalo: _____	
Who are your customers, who do you sell kalo to?		
<input type="checkbox"/> Farmers Market <input type="checkbox"/> Commercial Markets <input type="checkbox"/> 'Ohana <input type="checkbox"/> General Public <input type="checkbox"/> Wholesale Distributors		
Where or who processes your kalo?		
Anticipated loss of income due to damage to your kalo crop? \$ _____	Amount Requested: \$ _____	
Please explain how the heavy rains and flooding damaged your kalo farm.		

Native Hawaiian <input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize OHA to retrieve vital records from the OHA Hawaiian Registry Program database on my behalf to verify NH ancestry during this emergency period. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Need for additional labor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Hours:	Hourly Wage:
Please identify the equipment and tools which is considered lost and/or damaged and no longer usable.		
1. _____		\$ _____
2. _____		\$ _____
3. _____		\$ _____
4. _____		\$ _____
Please identify the supplies and fertilizer which is considered lost and/or damaged and no longer usable.		
1. _____		\$ _____
2. _____		\$ _____
3. _____		\$ _____
4. _____		\$ _____

By signing this I agree the information above is provided to the best of my knowledge and I allow the information to be shared between the Waipā Foundation and the Office of Hawaiian Affairs. I agree to provide receipts for goods and services paid for with this one-time emergency funding and agree to participate in a 30-day and 60-day follow up report with the Waipā Foundation and/or the Office of Hawaiian Affairs.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date