

**EXPRESSION OF INTEREST FORM**  
**ASSISTANCE FOR FARMS & FOOD AND AGRICULTURE BUSINESSES**

**CONTACT INFO:**

Type (check one):  Sole Proprietor  Partnership  LLC  Corporation  Cooperative

Applicant Farm or Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Town: \_\_\_\_\_, VT Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Location (i.e. Street & Town, if different): \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Gross Annual Sales: \_\_\_\_\_ Web site: \_\_\_\_\_

Year Business Started: \_\_\_\_\_

Describe the business project for which you are seeking assistance: \_\_\_\_\_

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

How does this business add value to Vermont agriculture or the working landscape? \_\_\_\_\_

\_\_\_\_\_

What is the biggest challenge to implementing this project? \_\_\_\_\_

\_\_\_\_\_

If you are awarded funding for technical assistance how would you want to use it? \_\_\_\_\_

\_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

***Please return this form to VADP@vsjf.org***

**FOR OFFICE USE ONLY**

Received on: \_\_\_\_\_

Referred to: \_\_\_\_\_ On: \_\_\_\_\_

Contacted: \_\_\_\_\_ On: \_\_\_\_\_

Follow up action: \_\_\_\_\_