2020 PARTNER SHARES PROGRAM APPLICATION

FairShare CSA Coalition | 303 S. Paterson St. #1B, Madison, WI 53703
(608) 226-0300 | info@csacoalition.org | www.csacoalition.org

First Name | Last Name | Primary Phone Number
Street Address | City | County | State | Zip Code
Email | Best way to contact you | Email | Phone

How did you hear about Partner Shares? ☐ Friend ☐ CSA Farm ☐ Newspaper ☐ Internet ☐ Event ☐ Other - Please list:

Are you a 1st time CSA member? ☐ Yes ☐ No
Are you a 1st time Partner Shares Applicant? ☐ Yes ☐ No

What is your occupation?

What amount ($) are you willing/able to spend on fresh fruits & vegetables/week for your household? _______

Describe your current household eating habits:
☐ I/we eat out for most meals
☐ I/we mostly pre-prepared/packaged foods
☐ I/we mostly meals prepared at home
☐ Other

How often do you eat fruits and vegetables?
☐ 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

1. 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 ______

2. FARM CHOICE:
Please include a completed farm sign-up form (obtain form from chosen farm) with this application.

CSA Farm Name ___________________________

CSA Share Type* ___________________________
(Ex: Full, Half, Standard, Every Other Week)

Share Cost ___________________________

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

3. INCOME VERIFICATION: (based on Federal Poverty Level - FPL)
In order to serve as many households as possible, FairShare utilizes an income-based fee scale. Based on your income, FairShare will pay a portion of your CSA share payment, up to a maximum of $300.

How many members are in your household? ____________ What is your annual or monthly household income? _______ per yea
☐ I do not meet the Partner Shares eligibility guidelines. However, I still require/request assistance.

Partner Shares income eligibility guidelines (based on 15% of US Poverty Income Guidelines)*

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>ANNUAL INCOME</th>
<th>MONTHLY INCOME</th>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>7</td>
<td>73,334</td>
<td>6,111</td>
</tr>
</tbody>
</table>

For each additional family member, add: $690 (monthly), or $8,288 (annual).
4. OPTIONAL-DEMOGRAPHICS: Providing demographic information is optional and appreciated— it helps us communicate with potential funders about Partner Shares applicants and does not help or hinder the total assistance you are eligible for.

What is your age? ____________

What are the ages of others in the household?

____________________________________

Please indicate your gender identification: ________

With what racial/ethnic group do you most identify?

____________________________________________

What is the highest degree or level of education you completed? ________________

5. PAYMENT PLAN: Please select your preferred method of payment for your CSA share. Once your application and payment has been approved, FairShare staff will notify you of the level of assistance available to you and will send the payment plan details via mail or email.

☐ Single Check: Send a check, payable to FairShare CSA Coalition, for the total amount due in your payment plan.

☐ Multiple Checks: Make monthly payments throughout the months you receive your share. A confirmation letter and payment plan will be mailed to you upon receipt of your application and deposit.

☐ SNAP/EBT Card: We will send you paper SNAP vouchers to complete and return to FairShare along with your payment plan. We will debit your account on the date you choose every month from May-October.

☐ Multiple Methods: You can pay for part of your share by check(s) and part through your SNAP account.

☐ Credit Card: You can pay your full co-payment amount at once with your credit or debit card. We are piloting this method this year. A payment processing fee of 3% will be applied to the transaction. We are unable to create monthly payment plans for this payment method at this time.

6. 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) 226-0300. Checks should be made out to “FairShare CSA Coalition.”

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:

☐ Partner Shares Application  ☐ CSA Farm Sign-Up Form

NOTE: If you pay with a check, please be aware that your check will not be deposited until March or April.

Send completed forms and deposit to: FairShare CSA Coalition, c/o Partner Shares, 303 S. Paterson St. #1B, Madison, WI 53703