

# NEW CROP FARMER APPLICATION FORM- CERC

## DOMINICA EMERGENCY AGRICULTURAL LIVELIHOODS AND CLIMATE RESILIENCE PROJECT

The CERC is part of the Emergency Agricultural Livelihoods and Climate Resilience Project (DEALCRP) designed to assist New Farmers access inputs during the COVID-19 pandemic.

	For Administrative Use only
1. Applicant details	Application reference number: (MPID No.)
	Beneficiary Region:
a. Name of applicant	First: Middle: Last: Alias:
b. Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
c. D.O.B	D_____ M_____ Yr_____
d. Group membership	Name of Group/s: Contact Info (Other Representatives):
e. Agricultural region <i>(Main plot)</i>	North <input type="checkbox"/> North East <input type="checkbox"/> Central <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> South <input type="checkbox"/> South East <input type="checkbox"/> Location of farm/s: Agricultural region/Catchment:
a. Address	Residential: Notable Landmark:
b. Contact Information	Tel- Mobile: Other: Email:
c. Main source of income (current/last job)	Crop <input type="checkbox"/> Livestock <input type="checkbox"/> Fisheries <input type="checkbox"/> Other ( <i>specify</i> ):
i. Background experience with MAF services	Services Accepted: Training in a. Pesticide use <input type="checkbox"/> ; b. Farming techniques <input type="checkbox"/> c. Inputs <input type="checkbox"/> Extension Officer support <input type="checkbox"/> ; None <input type="checkbox"/> Other:

**Please tick all that apply**

**DO NOT WRITE IN GREY SPACES**

1.1 Applying as:  
*(S- small {0.25- 2 acres}; M- Medium {>2 <5 acres}; L- Large {>5 acres}; GHC- GH Commercial { Small Greenhouse - (60\*30 - 1800 sq ft); Medium Greenhouse- 2 Greenhouse (>3600 < 5400 sq ft); Large Greenhouse- 3 Greenhouses (>5400 sq ft).*

a. Crop Farmer	i. S <input type="checkbox"/>	ii. M <input type="checkbox"/>	iii. L <input type="checkbox"/>	iv. GHC S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
b. Cropping Systems: [1] Vegetable; [2] Banana/Plantain; [3] Root Crops; [4] Horticulture; [5] Tree Crops				
Note:			Note:	

1.2 Cultivated acreage (record size of holding):

H1 [ ] H2 [ ] H3 [ ] H4 [ ]

GIS: Yes  No

1.4 Identity (Documents to be presented on registration)

Identity: (SS; PP; DL) \_\_\_\_\_

Produce Sellers License (PSL): \_\_\_\_\_

**Grey Spaces For Administrative Use Only**

Identity:	Verified
SS: _____	SS <input type="checkbox"/>
PP: _____	PP <input type="checkbox"/>
DL: _____	DL <input type="checkbox"/>
BRN/Producer Sellers License: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Documents presented upon registration	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Information on the land/activity (Main plot):

	Reported	Verified
3.1 Total Surface Area		<input type="checkbox"/>
3.2 Total Cultivable Land		<input type="checkbox"/>
3.3 Total Cultivated Land		<input type="checkbox"/>
3.4 Location		<input type="checkbox"/>
3.5 Main Crop <i>[1] Veg; [2] Banana/Plantain; [3] Root Crops; [4] Horticulture; [5] Tree Crops</i>		<input type="checkbox"/>
Post Maria Land Validation	Participated Y [ ] N [ ]	Y <input type="checkbox"/> N <input type="checkbox"/>

2. Asset Ownership Status – Crop Farmer

Reported for Main Plot	Verified
2.1 Land tenure (for Crop farmers):	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. Individually Owned land <input type="checkbox"/>	Land Reg. No: [ ]
2. Long term lease <input type="checkbox"/>	Means of Verification:
3. Inheritance/Gift <input type="checkbox"/>	Documents submitted legitimate:
4. Communal <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Field Visit: No <input type="checkbox"/>
	Yes <input type="checkbox"/>
	D__/M__/Yr__
	GIS: Yes <input type="checkbox"/> No <input type="checkbox"/>
2.2. Proof of Land Tenure	Yes <input type="checkbox"/> No <input type="checkbox"/>
A. Title <input type="checkbox"/>	Means of Verification:
B. Lease <input type="checkbox"/>	Documents submitted legitimate:
C. Will or legal <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Kalinago council authorization <input type="checkbox"/>	
E. Other (specify) <input type="checkbox"/>	Field Visit: No <input type="checkbox"/>
_____	Yes <input type="checkbox"/>
	D__/M__/Yr__

4. How did you come to know of the project?

Newspaper  Flyer  Social Media

Word of Mouth  Radio

5. Nationality: \_\_\_\_\_

6. Country of Birth: \_\_\_\_\_

## BASELINE-ENVIRONMENTAL AND SOCIAL CONCERNS

*For multiple lots insert holding no. in Yes, No or NA column*

MPID No.:				
	<b>CROP AND LIVESTOCK BASELINE INFORMATION ENVIRONMENTAL CONCERNS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>1</b>	<b>Is your farm bordering with any of the following environmentally sensitive areas?</b>	*****	*****	*****
a.	Forests, National Parks, Wildlife Reserves	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
b.	Rivers or other waterways (mangroves, wetlands, lakes)	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
c.	Waitukubuli National Trail	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
<b>2.</b>	<b>Is your farm bordering any:</b>	*****	*****	*****
a.	Public main road or Highway	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
b.	Private Secondary road	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
c.	Public Secondary road			
d.	Farm road or Feeder road	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
<b>3.</b>	<b>Which is your main water supply</b>	*****	*****	*****
a.	Rainwater	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
b.	River/ stream/Underground	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
c.	DOWASCO	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
<b>4.</b>	<b>Main source of energy used on farm</b>	*****	*****	*****
a.	Fossil Fuels	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
b.	Wind	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
c.	Solar	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
d.	Hydro	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
e.	Other	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
<b>5.</b>	<b>Which of the following water conservation methods do you practice</b>	*****	*****	*****
a.	Drip Irrigation	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
b.	Harvesting rainwater	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
c.	Mulching	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
d.	Other (specify)	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
e.	None	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
<b>6.</b>	<b>Which of the following soil conservation methods do you practice</b>	*****	*****	*****
a.	Contour farming	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
b.	Terracing	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
c.	Planting grasses (Vetiver)	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
d.	Reduce tillage	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
e.	Wind Breaks	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
f.	Drainage	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
g.	Live Barriers	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
e.	Other (specify)	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
f.	None	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
<b>7.</b>	<b>Which of the following weed control methods are you applying</b>	*****	*****	*****
a.	Manual weed control	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5
b.	Spraying with herbicides	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5
c.	Livestock grazing	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5
d.	Mulching	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5
e.	Brush Cutter	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
e.	A combination (specify)	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5
f.	Other	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5
g.	None	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
<b>8.</b>	<b>Which farm waste management do you apply</b>	*****	*****	*****
a.	Composting	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
b.	Landfill	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.

c.	Energy (Biogas)	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
e.	Feeding livestock	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
f.	Other	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
g.	None	1.2.3.4.5.	1.2.3.4.5	1.2.3.4.5.
9.	<b>Which of the following categories of Organic and Inorganic pesticides/ plant nutrients do you use (tick and name all that apply)</b>			
	<b>Products</b>	<b>Organic Pesticides</b>	<b>Inorganic Pesticides</b>	*****
a.	Herbicide (Name: _____ )			*****
b.	Insecticides (Name: _____ )			*****
c.	Fungicides (Name: _____ )			*****
d.	Fertilizer (Name: _____ )			*****
e.	Other chemical application (Name: _____ )			*****
f.	None <input type="checkbox"/>	*****	*****	*****
10.	<b>Do you use Protective Personal Equipment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	*****
11.	<b>Based on observations, how would you describe bee population in your area (circle a, b, c, or d):</b> a. Increased since Maria b. Same, since Maria c. Decreased since Maria d. Can't say	*****	*****	*****
12.	<b>Do you take any measures to encourage bee populations on your farm</b>	1.2.3.4.5.	1.2.3.4.5.	1.2.3.4.5.
13.	<b>Have you received training in the use of pesticides</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

**Climate Resilience Baseline**

**Yes No Never heard of it**

14. Have you ever received training on climate resilient/climate smart farming?

15. Do you practice any drought resistant farming practices?

16. Do you need support/assistance with rain water harvesting?

17. Is your farm insured against impact of natural hazards?

18. How would you describe your farming techniques

i. Livestock Farmer (circle a, b, c, or d...):

ii. Crop Farmer:

- a. Battery caged system
- b. Deep litter system
- g. Other
- c. Free range
- d. Tethering
- h. None
- e. Semi Intensive/Intensive
- f. Cut and carry

- a. Indigenous
- b. Modern
- c. Traditional
- d. Environmentally Sustainable
- e. Other

**Social Safeguards**

19. Number of persons in household: \_\_\_\_\_

20. No. of persons under age 5 \_\_\_ 6-18 \_\_\_ 65+ \_\_\_\_\_ in household

21 i. Are you a beneficiary of any Government social programmes/social protection programme? Y  N

ii. Name of programme/s:

22. Do you have access to financial assets/credit?

a. bank  b. credit union  c. Farmer's Cooperative  d. Other \_\_\_\_\_

Name of Staff Member completing Form:

Name of Extension Officer Reviewing Form:

Name:

Name:

Signature:

Date

Signature:

Date