



**Ministry of Planning,
Agriculture, Housing
& Infrastructure**

Cayman Islands Government

Ministry of Planning, Agriculture, Housing and Infrastructure

Farmers' Assistance Application Form

This application form is to be completed **only by commercial farmers** and submitted to the Department of Agriculture for an assessment to be done. The information submitted shall be true and represents actual damages to the farm caused by Tropical Storm Grace.

Applicants should only complete **Part A: Personal Information** and **Part B. Descriptions of Damages**.

Part A: Personal Information

Name of Farmer: _____ Contact #: _____

Email: _____

Gender: Male Female Age Range: 18-25, 25-35, 36-45, 46-55, over 55

Home Address of Farmer: _____

Commercial Farmer's ID #: _____

Type of Farmer: Commercial Crops Commercial Livestock Both

Location of Farm: (please state if different from home address) _____

Land Tenure: Own Lease

- Proof of ownership
- Letter of authorization for lease
- Duration of lease

Cayman Islands Government Issued ID: (only one of the three options are required)

- Voter's ID Card
- Driver's Licence
- Passport picture page

NB: (If not previously provided for the commercial farmer's application/ COVID-19 Farmers' Assistance, please submit the one that is applicable along with the application)

Part B: Description of Damages: (Please complete the section that is applicable)

(An assessment of the information will be done by the Department of Agriculture before the application is approved. This might entail a farm visit. A copy of the assessment form that will be completed by the DOA is attached in Appendix I.)

Structural Damages (Description)

Type of Structure: Shade house Animal Housing Other (if other please specify)

Description of Damage: (roof off Loss of shade cloth/plastic, Destroyed Other (If other please specify) _____

Estimated cost of Repair / Replacement. (amount in words, a third party quotation will be greatly appreciated.)

Field Damages (crops, fruits and livestock)

Field Crops: (Briefly describe the damages, if applicable)

Crop	Acreage	Number Plants/Mats/Holes	of	% damage	Estimated Production per crop	
					lb	\$ income

Fruit Trees: (Briefly describe the damages. if applicable)							
Tree Type	Total Area Planted		Damage or Loss		Average Age of trees	Estimated Annual Yield From Trees	
	Acres	No. trees	Acre	No. trees		lb	\$ Income

Livestock: (Briefly describe the damages if applicable)			
Livestock Type	Number lost	Sex	Age

Declaration and Signature: (this section must be completed and witnessed)	
<ol style="list-style-type: none"> 1. I have read and understood the terms and conditions of this grant. 2. I undertake to advise the Ministry of any changes to the details contained in this application. 3. I declare that all the information I have supplied in this form is correct and I am aware that any false declarations may invalidate my application. 4. I undertake to participate in any training session that is recommended before/after disbursement of the grant 5. I undertake to provide relevant third-party suppliers' invoices, contracts, and any other relevant information that might be required to support my application. 	
Print Name: _____	Signature: _____
Witness Name: _____	Signature: _____

Date _____

Please return this form and all supporting to the Department of Agriculture – Lower Valley, Grand Cayman, Cayman Islands or email to TSGFAP@GOV.KY

If you require further assistance, please contact the DOA office at (345) - 947-3090 or the Ministry of Planning, Agriculture, Housing and Infrastructure at (345)-244-2412

Part C: (this section is only to be completed by the Ministry & Department of Agriculture)

FOR OFFICIAL USE ONLY: (this section is to be completed only by the Department of Agriculture)

Supported Not Supported

Amount Recommend CI\$ _____

Assessor's Comment:

Assessor's Name: _____

Assessor's Signature: _____ Date: _____

Director/Deputy Director Signature: _____

THIS SECTION MUST ONLY BE USED BY THE DOA DESIGNATED STAFF

FOR OFFICIAL USE ONLY: (this section must be completed only by the Ministry of Agriculture)

AMOUNT APPROVED: (Amount in Numeric Form) CI\$ _____

Approved

Not Approved

Amount in words

Deputy Chief Officer/Chief Officer

Date

