Print Form

New York State Department of Agriculture and Markets

Application for State Assistance Payments for Amendments to Municipal Laws Affecting Agricultural Lands, Farm Operations or Farmland Protection

ATTACHMENT #1
APPLICATION COVER SHEET

Instructions: ►Please complete this page and attach it as the first page of your application.
For joint applications, please complete this page for each applicant and attach both as the "first page" of your joint application.
►Staple each copy in the upper left hand corner of the application.
►Submit one (1) original, signed application and two (2) additional copies of the signed application

Vendor Identification Number

Municipality in County of

Mailing Address

City State Zip Code

Amount of State funding requested Percent of total project costs

Specify Project Type

Amendment(s) to Municipal Laws to:

◯ Remove unreasonable restrictions affecting agricultural lands and farm operations

NOTE: Joint applications for this type of project will be rejected

◯ Establish implementation-ready Transfer of Development Rights program

NOTE: If joint application, Lead Applicant

Applicant Approval and Contact Information

Full Name of Supervisor/Mayor

Phone Number of Supervisor/Mayor

Email of Supervisor/Mayor

Please complete if the municipality intends for this person to be someone other than Supervisor/Mayor.

Full Name of Principal Contact for applicant

Phone Number of Principal Contact

Fax Number of Principal Contact

Email of Principal Contact

Signature of Supervisor/Mayor

Signature of Principal Contact for Applicant