



On-Farm Labor Housing Grant Application

US Department of Labor Grant Project Year 2023-2024

Applicant Information

Contact Name

Street Address

City

State Zip Code

Phone Number

Email Address

Farm Name and Address

Farm Name

Street Address

City

County

State Zip Code

Farm Information

Type of Farming operations:

Crop	Acres
<input type="text"/>	<input type="text"/>
Crop	Acres
<input type="text"/>	<input type="text"/>

Farm Information, Continued

Crop

Acres

Crop

Acres

When do you house employees on-farm?

Planting

Harvesting

Year-Round

Other

Describe upcoming changes that could impact your need and/or ability to house your employees on-farm

On-Farm Housing Information

How long have you provided housing for your employees?

1 year

2-5 years

5-10 years

10-20 years

20+ years

Do you expect to house employees for at least the next five (5) years?

Yes

No

Number of Housing units

Age of housing structure

Number of Employees Housed

Do you charge rent to your employees for housing?

Yes

No

If Yes, Amount of Rent Charged

Who pays utilities?

owner

employee

Monthly Utility Cost

Type of food service

shared kitchen(s)

kitchenettes

Other

Type of Toilet and Bathing Facilities

individual en suite

individual detached

shared in-housing

shared bathhouse

Other

On-Farm Housing Information, Continued

Describe housing condition and recent maintenance

Other information about your experience providing on-farm housing for your employees:

Scope of Work and Cost Proposal

In addition to the description and estimate below, please provide :

- Current ("before") pictures of all proposed repair items
- Signed contractor estimate for all proposed work items
- Product description and cost for all appliances provided by vendor

Description of Repair

Cost Estimate

Description of Repair

Cost Estimate

Description of Repair

Cost Estimate

Description of Repair

Cost Estimate

Description of Repair

Cost Estimate

Description of Repair

Cost Estimate

Description of Repair

Cost Estimate

TOTAL ESTIMATED COST OF REPAIRS

TOTAL

Certifications

The owner of above farm,

hereby commits to investing in the existing on-farm labor housing no less than 50% of the above cost estimate or in improvements to the housing. Work will be completed by which is before **June 1, 2024**.

Applicant Signature _____

Date

Document Checklist:

- **Signed W9 form (for payment once the work is completed)**
- **Most recent IDOH Inspection report (if applicable)**
- **Documents outlined in Scope of Work and Cost Proposal above**
- **Before pictures of work to be completed**

Please submit your application by **January 12, 2024** to:

Brandon Lien

E-mail: blien@pathstone.org

Fax: 765-286-2163

PathStone Corp.

420 S. High St. STE 101

Muncie, IN 47305

Thank you for your interest.

Application status notifications will be sent on or before February 12, 2024.

Thank you!