MINISTRY OF AGRICULTURE AND LANDS
2019 Farm Labour Support Programme

Application Form

SECTION 1

1. Name of Farmer:____________________________________ Reg. #:_________________
2. Home Address:________________________________________________________________
3. Location of Plot(s):________________________________________________________________
4. Main Farming Enterprise(s):_________________________Total Acreage:______________
5. Status of Farmer: Full Time ☐ Part Time ☐
6. Tenure: Own ☐ Rent/Lease ☐ Family: ☐ Other: ☐
7. Contract Information: Home________ Cell __________ Work________

SECTION II

1. Have you received any assistance from previous Farm Labour Programme? Yes ☐ No ☐
2. If yes, state year, type and quantity of work received: ____________________________
3. Has the work/assistance received maintained? Yes ☐ No ☐
4. If no why:______________________________________________________________
5. What assistance are you requesting from the programme?
   ☐ Land clearing and planting of Cocoa
   ☐ Land Clearing and planting of Nutmeg
   ☐ Land Clearing and Planting of Soursop
   ☐ Land clearing and planting spices (Parish of St. David only)
   ☐ Land clearing and planting of coconuts
   ☐ Rehabilitation of Citrus fields affected by the Greening disease
   ☐ Rehabilitation of Soursop fields
   ☐ Have You purchased your planting material Yes ☐ No ☐
   ☐ If yes, How many? ________________

__________________________________________
SIGNATURE OF FARMER
__________________________________________
DATE
SECTION III (To be Completed by the Extension District)

1. Are you satisfied that assistance (if any) received under previous programme are maintained?
   __________________________________________________________
   (a) Would you recommend that this farmer receive assistance? ☐ Yes ☐ No
   (b) Why_____________________________________________________

1. State quantity and type of work to be done:________________________
   ____________________________________________________________
   Month:___________________ No. of Man Days Required:___________

   _________________________________________  ________________________  __________
   EXTENSION OFFICER/ASSISTANT  DISTRICT SUPERVISOR  DATE

SECTION IV (To be Completed by the Approval Committee)

1. Approved ☐ Rejected ☐

2. If approved, type and Quantity of Work approved:_____________________

3. If rejected, why? _______________________________________________

SIGNATURES:______________________________________ DATE: ____________
(Chief Extension Officer)

______________________________________ DATE ____________
(Chief Agricultural Officer)