Date of Application:



Revised: June 10, 2024

Section 2. Administrative Cost Grant

Upon the initial discovery of PFAS, a commercial farm that chooses to work with DACF staff to investigate the extent of contamination and its impact on the farm's products may be eligible for a one-time grant of \$3,522. This grant is intended to partially compensate farms for time spent on activities common to most farms discovering PFAS contamination, such as working with DACF field staff, strategizing initial response steps, communicating with customers, arranging for new sources of feed, researching and applying for technical assistance, and similar actions in response to the new operational circumstances. Administrative Cost Grants are governed by rule 01-001 CMR c. 400 (2024).

Questions about administrative cost grants may be directed to Beth Valentine, PFAS Fund Director, at Beth.Valentine@maine.gov or 207-313-0962.

Required Documentation – Section 2

Additional Information Requested - Section 2

The following information must be submitted with this Section of the application:

A. Section 1. Applicant General Information with all specified attachments, including a narrative statement.

Date of Application:	
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Application Review – Section 2

Applications for administrative cost grants will be reviewed by DACF's PFAS Fund Director. The Director may request input from members of the DACF PFAS Response Program, including Agricultural PFAS Specialists (APS) and specialized consultants acting on the Program's behalf and that have worked with the farm and have knowledge of the applicant's operations. DACF will rely on all available information about the farm to assess the request. DACF reserves the right to request any additional supporting documentation that is necessary to evaluate the request for assistance. Decision-making authority rests with the PFAS Fund Director.

Signature Block - Section 2

I certify that the information given in this Administrative Cost Grant application is correct and complete to the best of my knowledge. I acknowledge that payments may represent reportable income for tax purposes.

Applicant's Signature	Date
Applicant's Name (printed)	Title
Applicant's Signature	Date
Applicant's Name (printed)	Title
Please complete if someone assisted the applicant	to complete this form:
Preparer Name (If not applicant)	Preparer's relationship to applicant
Permission to discuss application with Preparer:	□ YES □ NO