

# CT Department of Agriculture Agriculture Viability Grants

## Cover Sheet

*Please type or print clearly*

### 1. APPLICANT INFORMATION

Project Title: Neck River Oyster Revitalization Program

Program Applying for:

*(check ONE only)*

Farm Transition Program

Farm Viability Program (for municipalities)

Project Applicant: Madison Shellfish Commission

Applicant Address: 8 Campus Drive

Madison, Ct. 06443

Name of Project Leader for Applicant: Stephen A. Nikituk

Phone: Fax: 203 245-3781

E-mail: stnikituk@comcast.net

### 2. BUDGET

Total project budget: \$ 44,600

Amount requested from CT Agriculture Viability Grants: \$ 22,300

Cash amount the applicant is providing as a match: \$ 22,300

*(must be at least 50% of total project budget)*

In-kind amount the applicant is providing as a match: \$ 2,000

*(for non-profits only, must be at least 40% of total project budget)*

**3. BRIEF SUMMARY:** Write a brief summary of your project in the space below, giving an overview of its key objectives and activities, as well as proposed beginning and end dates.  
2006 State of Connecticut Agriculture Viability Grants/ application forms page

*The Neck River located in Madison Ct. was formerly a major producer of oysters and a fertile bed for the commercial shell fishing industry. In the late 1990's these beds were destroyed by Dermo and MSX and to date have not recovered. The Madison Shellfish Commission plans to reestablish the oyster beds by growing hatchery seed to a size of 45mm. We will utilize an upweller and floating bags and reseeding program to accomplish this task. Additionally, the Commission will establish a sanctuary bed in a Neck River location where Dermo and MSX will not be fatal to the oysters. The initial phase of the project will span one year beginning 7-15-06 and ending 7-15-07. This cycle will have to be repeated for several years in order for the Oyster Beds to be reestablished*

### 4b. IDENTIFICATION AND SIGN OFF PAGE

*(Required for Non-profits, Municipalities, and Regional planning associations only)*

We require evidence that your project has been approved by the institutional official in charge of grants and contracts. If you are applying as a non-profit, the signature of an authorized official of

your governing board is required. If you are applying as a municipality, the signature of an authorized executive official is required. If you are applying as a regional planning association or council of government, the signature of an authorized official of your governing board responsible for taking administrative actions is required.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name and title of authorized individual: **Mr. Thomas Scarpati, First Selectman, Town of Madison, Ct.**

Name of Institution, Municipality, Regional Planning Association, or Council of Government: **Town of Madison, Ct.**

Address: **8 Campus Drive, Madison, Ct. 06443**

Project Leader for Applicant signature:

**Stephen Nikituk** **5/31/06** Date:

If you are a registered 501 (c)(3) provide your tax i.d. # **N/A**

List all of the partners (including producers) that have agreed to participate in your project.

**NOTE: Each partner on this list must also provide a letter of support to be attached to this application.**

Name Tel: **Edward Lang 860 669 6364**

Name Tel: **Doug Shepach 860 262 6280**

Name Tel: **Rick Seiden 203 494 1503**

Name Tel:

Name Tel:

Name Tel:

Name Tel: