

APPLICATION FOR FARM BUSINESS DEVELOPMENT ASSISTANCE

Date Submitted

YOUR CONTACT INFORMATION

<i>Your Name</i>	
<i>Your Farm Name/Business Name</i>	
<i>Your Physical Address (street/road, town, zip code)</i>	
<i>Your Mailing Address</i>	
<i>Your Email Address</i>	<i>Phone</i>
	Land Cell
<i>Web page or social media site(s)</i>	<i>Referred by</i>

RESIDENCY & FARM PRACTICES

I am a permanent resident of Maine <input type="checkbox"/> Yes <input type="checkbox"/> No	I am actively involved in day-to-day farm operations <input type="checkbox"/> Yes <input type="checkbox"/> No
I am currently working with Maine Farmland Trust on my farmland protection <input type="checkbox"/> Yes <input type="checkbox"/> No	

My operation includes:

My farm proceeds last tax year:

Beef <input type="checkbox"/>	Goat <input type="checkbox"/>	Field veg <input type="checkbox"/>	Greens <input type="checkbox"/>	Turkeys <input type="checkbox"/>	Farm gross \$ _____
Pork <input type="checkbox"/>	Horses <input type="checkbox"/>	Tree fruit <input type="checkbox"/>	Chickens <input type="checkbox"/>	Dairy <input type="checkbox"/>	Farm net \$ _____
Lamb <input type="checkbox"/>	Root veg <input type="checkbox"/>	Berry fruit <input type="checkbox"/>	Ducks <input type="checkbox"/>	Dairy Prod <input type="checkbox"/>	Off-farm income \$ _____

Other: _____

EXPERIENCE & GOALS (CHECK ALL THAT APPLY)

<input type="checkbox"/> Beginning Farmer (1– 5 years)	<input type="checkbox"/> Exploring farming as a career choice	<input type="checkbox"/> I want to be a farmer mentor
<input type="checkbox"/> Maturing Farmer (6–12 years)	<input type="checkbox"/> Planning my new farm	<input type="checkbox"/> Farmland protection
<input type="checkbox"/> Established farmer (12+ years)	<input type="checkbox"/> Own a farm/food related business	<input type="checkbox"/> Changing practices or enterprises
<input type="checkbox"/> Transitioning farmer (retiring)	<input type="checkbox"/> Adding food product(s)	<input type="checkbox"/> Adding practices or enterprises
<input type="checkbox"/> Returning to farming	<input type="checkbox"/> Transitions to/from organic	<input type="checkbox"/> Adding on-farm processing
<input type="checkbox"/> Other: _____		

I NEED HELP WITH (CHECK ALL THAT APPLY)

<input type="checkbox"/> Starting a new farm practice	<input type="checkbox"/> Expanding my operation	<input type="checkbox"/> Understanding my financials
<input type="checkbox"/> Creating a farm transition plan	<input type="checkbox"/> Farm/business planning	<input type="checkbox"/> Production planning
<input type="checkbox"/> Whole farm planning	<input type="checkbox"/> Learning about farmland protection	<input type="checkbox"/> Bookkeeping/recordkeeping system
<input type="checkbox"/> Setting up a farm labor plan	<input type="checkbox"/> Farm management	<input type="checkbox"/> Product development
<input type="checkbox"/> Developing a wholesale / retail / direct marketing plan; on-farm sales	<input type="checkbox"/> Getting ready to apply for a loan / borrowing capacity	<input type="checkbox"/> Local regulations and ordinances effecting my farm operation
<input type="checkbox"/> Getting connected to other farmers	<input type="checkbox"/> Organic transition (to or from)	<input type="checkbox"/> Energy efficiency
<input type="checkbox"/> Community Supported AG (CSA)	<input type="checkbox"/> Personnel management	<input type="checkbox"/> On-farm slaughter
<input type="checkbox"/> Starting an on-farm business	<input type="checkbox"/> On-farm storage	<input type="checkbox"/> Starting a food hub
<input type="checkbox"/> Classes & Workshops (what are you looking for?): _____		

Have you participated in farm planning training, business management training, or worked with someone who helped to plan your farm or a business? (Complete all that apply)

Training	Year	Location	Workshop Title (if applicable)
NxLevel			
Tilling the Soil			
Farm Beginnings			
MOFGA Journeyperson			
Farms for the Future			
Incubator Without Walls (IWW)			
Get Me Market Ready			
Richard Wiswall Workshop			
University Co-operative Extension			
Other (Quick Books, etc.)			

Have you previously worked with a business counselor or technical assistance provider? Yes No
 If 'Yes':
 Provider Name _____ Location _____ Year(s) _____

Are you currently receiving assistance from any farm / technical assistance provider? Yes No
 Provider Name _____ Location _____ Year(s) _____

Is your farm currently under bankruptcy or threat of foreclosure? Yes No
 Are you planning to transfer the farm in the near future? Yes No

Are you willing and able to set aside at least a day a month to work with your farm business-planning and technical assistance providers and to work on your farm business planning activities? Yes No

 Signature* Date

 Signature* Date

Send this application **AND** your completed [Farmer Self-Assessment](#) to:
 Maine Farmland Trust /Business Planning at 97 Main Street, Belfast, ME 04915
 or esprague@mainefarmlandtrust.org or fax 338-6024

* All farm owners/partners participating in services must sign