



NAME _____ DATE _____

Mailing Address _____
Land Address _____

PHONE: _____ EMAIL: _____

What are your agricultural goals? _____

Business Structure (check appropriate box): _____ None _____ LLC _____ Trust
_____ Sole Proprietor _____ Other (Specify): _____

What are you planning to grow/raise? (forestry, row crop, vegetables, livestock, flowers, special) _____

How many acres? _____ How many animals? _____

Do you have any experience in farming? _____ County of Property _____

If yes, how many years have you been farming? (If not a full year, answer 0) _____

Have you identified a market? _____ Have you had your soil tested? _____

If yes, results: pH Level- _____

Do you have a will? _____ Minerals: _____

Organic Matter: _____

Do you have a plan? _____ Electronic Matter: _____

Do you have a computer/laptop? _____ Highest level of education: _____

Are you a Veteran? _____ Do you have disability requiring special assistance? _____

If yes, explain: _____

Do you have GAP certification? _____
(vegetable growers only)

Do you have farm equipment? _____ If yes, please list: _____

Have you ever applied for financial or crop share assistance from any USDA Program? _____

If yes, which program(s): EQIP _____ CSP _____

FSA Loan _____ Other _____

List other: _____

If applicable, was your application approved? _____

Is this property Heir Property? _____ Who has legal authority to make decisions? _____

Gender _____ Race _____ Do you have start-up finances? _____

Your Age Group: _____ 18-25 _____ 40-54 _____ 68 and above

26-39 _____ 55-67 _____

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