

UNIVERSITY OF ARKANSAS AT PINE BLUFF SMALL FARM PROGRAM OUTREACH

PARTICIPANT/FARM OVERVIEW & INVENTORY SURVEY

NAME	DATE
ADDRESS FARM ADDRESS	
PHONE:	EMAIL:
What are your goals and expectations to	
What are you planning to grow/i	aise?(forestry/row crop/vegetables/livestock/flowers/specialty)
	How many animals?
Do you have any experience in f	
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?
Do you have a will?	If yes, results: pH Level-
Do you have a plan?	
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 finance If yes, which program(s):	ial or crop share assistance from any USDA Program? EQIP
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 55-67
1200 Nort Phone: (870)	n University Drive, Mail Slot 4906, Pine Bluff, AR 71601 575-7225 Fax: (870) 575-4582 Email: leek@uapb.edu

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