

NAME _____ DATE _____

ADDRESS _____

FARM ADDRESS _____

PHONE: _____ EMAIL: _____

What are your goals and expectations from UAPB? _____

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

How many acres? _____ How many animals? _____

Do you have any experience in farming? _____ County _____

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? _____

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 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

1200 North University Drive, Mail Slot 4906, Pine Bluff, AR 71601
Phone: (870) 575-7225 Fax: (870) 575-4582 Email: leek@uapb.edu