



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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