

Minnesota Farm Link Information Form

The information collected on this form is gathered to find the right opportunity for you. Understanding your goals and objectives is important to matching and transitioning, so complete answers are critical. All information is for program use only and will not be used for any other purpose. If you have questions on this form, please call 320-842-6910.

Internal Use Only: ID# _____

Participant Information

Last Name		First Name		Today's Date	
Address			City		State Zip
County		Phone		Alternative Phone (Optional)	
E-mail		Age	Family Size (including children living at home)		

1. Level of Education (Check all that apply)

High School/GED	Some College	2 year degree	4 year degree	Advanced Degree
Major:				Ag Related Minor(s)

2. Certifications or related trainings?

Yes	No	If yes, check all that apply below:		
Pesticide Applicator	Manure Management	Artificial Insemination	Organic	
Other:				

3. Farm Experience (Check all that apply)

Working on Farm: # of Years _____	Ag Related Job: # of Years _____
Raised on Farm	No Farm Experience

4. Current Occupation (Check all that apply)

Farm Full—Time	Ag Related Job	Student
Farm Part—Time	Non Ag Related Job	Unemployed
Occupation:		

5. How would being part of a farming operation change your lifestyle and family life? What would be the advantages and disadvantages for you and how would you feel about making those changes?

Partner Information

Last Name		First Name		
Address (If Different)		City		State
				Zip
County		Phone		Alternative Phone (Optional)
E-mail (Optional)				Age

7. Level of Education (Check all that apply)

High School/GED	Some College	2 Year Degree	4 Year Degree	Advanced Degree
Major:				Ag Related Minor(s)

8. Certifications or ag related trainings?

Yes	No	If yes, answer below:		
		Pesticide Applicator	Manure Management	Artificial Insemination
		Organic		
Other:				

9. Farm Experience (Check all that apply)

Working on Farm: # of Years _____	Ag Related Job: # of Years _____
Raised on Farm	No Farm Experience

10. Current Occupation (Check all that apply)

Farm Full—Time	Ag Related Job	Student
Farm Part—Time	Non Ag Related Job	Unemployed
Occupation:		

11. How would being part of a farming operation change your lifestyle and family life? What would be the advantages and disadvantages for you and how would you feel about making those changes?

Agricultural Interests

12. Check the type of farming operation(s) in which you are interested.

Beef Cow/Calf	Beef Finishing	Dairy—Milking	Dairy—Replacement heifers
Swine—Farrow to finish	Swine—Feeder pigs	Swine—Finishing	Sheep—Birth to Market
Sheep—Feeder Lambs	Sheep—Finishing	Poultry—Egg	Goats
Fruit	Vegetable	Field Crops	
Other:			

13. What size farm would you consider?

Tillable Acres	0	1—100	100—200	200—400	400+
Pasture Acres	0	1—100	100—200	200—400	400+

14. What type of farming practices interest you?

Conventional Tillage	Minimum Tillage	No—Till
Ridge—Till	Managed Grazing	Organic
Pasture	Grass Fed/Finished Livestock	Conventional Livestock
Other (Explain):		

15. Please indicate the importance of the following characteristics of your farm business. Mark “M” for must have characteristic, “L” would like to have this characteristic, but not a must, or “NI” for not important.

Primary Residence (# Bedrooms _____ Baths _____)	Certified Organic or Easily Certified
Housing for Labor	Land Currently Being Farmed
Near Urban Population	Greenhouse or Hoophouse
Annual Records of Past Farm Management	Machine Shed/Workshop
Grain Storage	Permanent Fencing for Livestock
Use of Intensive Pasture Management	Hay Storage
Farm Stand/Store	Manure Storage
Open Lot Livestock Facilities	Total Confinement Livestock Facilities
If Dairy: Free-Stall Facility	If Dairy: Tie Stall Dairy
If Dairy: Parlor System	If Dairy: Stanchion Facility
Irrigation	

Assets

16. Do you currently own livestock? (Add additional pages if needed)		Yes	No
Type:	Number:	Breed:	
Type:	Number:	Breed:	

17. Do you currently own any farm equipment that you could use on this farm?		Yes	No
(Add additional pages if needed)		Condition	
Type:	Excellent	Good	Fair
Type:	Excellent	Good	Fair
Type:	Excellent	Good	Fair
Type:	Excellent	Good	Fair

18. What can you contribute toward a farm match? (Check all that apply)		
Labor	Capital \$ _____	Management
Family Assistance	Spouse Contribution	Off-farm Employment
Other:		

Transition

19. How long do you want or expect this transfer to take?	
Minimum time:	Maximum Time:

20. Would you be considered being hired as an employee for a specified amount of time on a trial basis before proceeding with other farm transfer options?	
Yes	No

21. Rank the following scenarios that you would consider from 1-7, with 1 being the preferred option. Write NA for those options you are not willing to consider.		
Works as a farm employee with gradual transfer of responsibility and farm assets over time		
Enter into a partnership with current owner	Owner financed purchase	
Outright purchase	Short-term lease (1-5 years)	Long term lease (5+ years)
Lease with option to buy	Contract for Deed	
Other:		

Additional Information

22. Do you own, have access to, or know how to operate a computer ?			Yes	No
Farm Record Keeping	E-mail	Ag News and Market Information		Internet
Other:				

23. Location			Yes	No
Northeast	North Central	Northwest		West Central
East Central	Southeast	South Central		Southwest
Metro	Central			
More Specific Location (Please Describe):				

24. Why do you want to farm?

25. Where do you see your farming business in the next 5 years?

26. Where do you see your farming business in 15 years?

27. Mark any skills or abilities you would like to develop. (check all that apply)			
Tax Management/ Planning	Financing Options	Retirement Planning	Business Management
Marketing	Production	Financial Management	Communication
Conflict Resolution	Leadership	Goal Setting	Decision Making
Livestock Husbandry	Crop Production	Fruit Production	Vegetable Production
Specializations (Organic)		Other:	

Signature(s) of Participant(s)

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Please mail this form to:
 Minnesota Farm Transition Program
 Minnesota Department of Agriculture
 C/O Jim Ostlie
 752 70th Street NE
 Benson, MN 56215
 Or
 Email scanned form to jim.ostlie@state.mn.us

Any additional information that you would like to supply to help in the decision making process is welcome.
 Please send that additional information with the information form.

