

## Minnesota FarmLink 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 strictly confidential 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# \_\_\_\_\_

### Farm Owner 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. Current Occupation *(Check All That Apply)*

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

Explain Job Responsibilities:

#### 2. Why are you interested in this program?

#### 3. How do you feel about transitioning your farm?

## Partner Information

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

### 4. Current Occupation (Check all that apply)

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

### 5. Why are you interested in this program?

### 6. How do you feel about transitioning the farm?

## Farm Description

### 7. County in which the majority of land/operation is located?

--

### 8. Rank the following type of farm enterprise(s) you operate with 1 being the greatest source of farm income.

	Beef		Dairy		Hogs		Sheep		Poultry—Egg		Poultry—Meat
	Goats		Horses		Grain		Forages		Fruits		Vegetables
	Field Crops		Other:								

### 9. If you raise livestock, please provide the following information (add more space if needed):

Type: \_\_\_\_\_ Number: \_\_\_\_\_ Breed: \_\_\_\_\_

Type: \_\_\_\_\_ Number: \_\_\_\_\_ Breed: \_\_\_\_\_

### 10. How many acres do you own/rent (estimations needed only, no need for exact numbers)?

#### Own

Cultivated: \_\_\_\_\_ Forage: \_\_\_\_\_ Pasture: \_\_\_\_\_ Non—tillable: \_\_\_\_\_

#### Rent

Cultivated: \_\_\_\_\_ Forage: \_\_\_\_\_ Pasture: \_\_\_\_\_ Non—tillable: \_\_\_\_\_

### 11. What type of farming practices do you utilize? (Check all that apply)

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

### 12. Check the characteristics applicable to your farm.

Primary Residence (# bedrooms _____ baths _____)	Certified Organic or Easily Certifiable
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	CRP

## Assets

13. Tell us about your housing information.		
Is your house located on this farm?	Yes	No
Do you plan to stay in this house?	Yes	No
If no, when will the house be available?	Immediately Within _____ years	
Is there alternative housing available (explain)?	Yes	No

14. List your major buildings and facilities (add more space if needed).		Condition	
Type:	Excellent	Good	Fair
Type:	Excellent	Good	Fair
Type:	Excellent	Good	Fair
Type:	Excellent	Good	Fair

15. List major machinery that could be included in the transition (add more space if need).		Condition	
Type:	Excellent	Good	Fair
Type:	Excellent	Good	Fair
Type:	Excellent	Good	Fair
Type:	Excellent	Good	Fair

16. The farm ownership status is currently (Check one)			
Sole Proprietorship	Corporation	Partnership	LLC
Other (Explain):			

17. Are there any use restrictions on the property? (Check)				
Yes	No	<b>If Yes:</b>		
Right of Way		License	Easements	Permits
Manure Application Agreement		Other:		
Explain:				

18. Is the farm currently listed with a realtor?	Yes	No
--	-----	----

19. Roughly, what is your debt to asset ratio? For example, if you owe \$10,000 and have \$120,000 in assets, your debt to asset ratio would be 10,000/120,000 or 8.33% (providing this information is optional, but we strongly encourage it because it can assist in determining what needs are required by adding an additional person or family to the farm).					
Debt Free	1—20%	21—40%	41—60%	61—80%	81—100%

## Transition

### 20. How long do you want to expect this transfer to take?

Minimum Time:	Maximum Time:
---------------	---------------

### 21. Would you be considered hiring a beginning farmer as an employee for a specified amount of time on a trial basis before proceeding with other farm transfer options? (Check)

Yes	No
-----	----

### 22. If a dairy farm, would you be willing to work with the Minnesota Dairy Initiative Program and a dairy profit team to assist with the transition? (Check)

Yes	No	Already working with one
-----	----	--------------------------

### 23. Rank the following scenarios from 1-8. Use 1 for the most preferred option and NA for those 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		Other:
	Contact for Deed		

### 24. Is your farm currently generating enough income to support additional partners?

Yes	No
-----	----

### 25. Would you consider diversifying or increasing production?

Yes	No
-----	----

### 26. What level of responsibility and management control do you want to maintain during transition of the farm? Explain:

### 27. Describe any retirement plans you have made at this point.

## Additional Information

28. Do you own, have access, or know how to operate a computer? (Check)			
Yes	No	<b>If yes, check items you use it for:</b>	
Farm Record Keeping	E-mail	Ag News & Market Information	Internet
Other:			
If no, do you have internet access from work? (Check)		Yes	No

29. 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
Husbandry	Crop Production	Fruit Production	Vegetable Production
Specializations (Organic)	Other:		

## Signature(s) of Participant(s)

\_\_\_\_\_

Signature(s) of Participant(s)

\_\_\_\_\_

Signature(s) of Participant(s)

<p><b>Mail To:</b>                  Minnesota FarmLink Program                  Minnesota Department of Agriculture                  C/O Jim Ostlie                  752 70th Street NE                  Benson, MN 56215</p>	<b>Or</b>	<p><b>Email To:</b>                  jim.ostlie@state.mn.us</p>
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.		