Ag Marketing and Development, Office: 651-201-6646 Fax: 651-201-6120

Dairy Profit Team

Ple	ase Print					
Fa	rm Name:					
0	wner's Name:					
Phone:			Cell:	Cell:		
м	ailing Address:					
City:			State:	Zip:		
County:		E-mail:	E-mail:			
1.	Why are you interested in having Dairy Profit Team advise you?					
2.	What are 5 items, issues or concer	nat are 5 items, issues or concerns you feel are currently restricting you from accomplishing your goals for your operation?				
3. 4.	Do you have the internet connected to your farm? Yes No For this project you will need a person assigned as a team leader who will be?					
	Name of team Leader Phone Will do ourselves I Need H					
5.	Who are potential members you w	ould like to see on your a	Idvisory team? <i>(i.e. nuti</i>	ritionist, veterinarian, lender, extension,	producer)	
3.	Do you have a business plan less t	than 3 years old?	es 🔲 No			
7.	DHIA Herd Code No.					
8.	Farm Information:					
	Size of Herd			Lbs. per Cow Lbs. Milk Shipped		
	Young Stock		·	Count	· · · · · · · · · · · · · · · · · · ·	
	Butterfat					
			p)			
Miı Da 62	turn the completed form to: nnesota Department of Agriculture vid Weinand 5 Robert St. N. Paul, MN 55155-2538	in support of the progra so will result in your ren to access your data in s access your data unles	am. You are not required noval from the Minnesot support of the Minnesot s you provide MDA with	the Minnesota Profit Team Program wi d to provide MDA with this data; howeve ta Dairy Profit Team Program. Only peop ta Dairy Profit Team Program will have t h informed consent to release the data, egislative auditor to review the data.	er, failure to do ole with a need the authority to	
1 ac	cordance with the Americans with Disabilitie: 201-6000. TTY users can call the Minnesota	s Act, this information is availal Relay Service at 711. The MDA	ble in alternative forms of con A is an equal opportunity emp	nmunication upon request by calling loyer and provider.	AG-0316 9/17/1	