



UVM Extension Farm Viability

UVM Extension Farm Viability offers business planning and technical assistance services to all qualifying Vermont farmers, as part of a statewide effort to improve the economic viability of Vermont agriculture. Once enrolled, all farms meet and work with a “lead” farm business planner usually over a 4 – 12 month basis to produce a written business plan and/or complete other business analysis projects. In the second year, farmers who have completed a full business plan or farm transfer/succession plan are provided with ongoing technical assistance to monitor their progress in implementing their plan.

The program has the following eligibility requirements: a) participant is a Vermont resident, b) participant has 3 years of experience working and managing farm operations and c) the farm business generated at least \$15,000 of gross sales in the previous year. UVM Extension Farm Viability provides assistance referring all applicants that do not meet eligibility criteria to other programs and services available to them. Waivers from the eligibility requirements may be requested and are considered on a case-by-case basis.

UVM Extension Farm Viability partners closely with the Vermont Farm and Forestry Program based at the Vermont Housing & Conservation Board (VHCB). Farms that complete a business plan meeting VHCB guidelines will be eligible for future VHCB grants towards capital expenses or technical assistance essential to implementing their completed business plans. Please indicate in your application if you would like to be eligible for these grants.

Farmer Application

Applications are accepted at any time and enrollment decisions are made generally within 30 days. The attached application will provide us with essential information that will enable us to better understand how best to assist you and your farm. This includes an assessment of your level of interest and ability to commit the necessary time and effort required for successful program participation and eventual implementation of recommended practices. You may attach additional information/materials to the application if desired. If you have any questions while completing the application, please do not hesitate to contact us at the address or telephone number listed below.

UVM Extension strives to enroll all eligible farm applicants into our program. At times however, funding restrictions require us to limit enrollment requests. Should we not be able to enroll your farm in the program, we will return your enrollment fee and advise you on the best steps to enroll in the future.

Enrollment Fee

There is a \$75 fee to enroll in UVM Extension Farm Viability. There is a \$300 enrollment fee if you have already completed business planning with the program in the past and wish to re-enroll. Aside from this enrollment fee, all business planning and technical assistance will be provided free of charge up to a certain level. Please submit a check with your application. We will return your check if we are not able to enroll you in the program at this time.

INSTRUCTIONS

- 1) Complete the attached application form,
- 2) Enclose a \$75 check or money order **made out to the Vermont Housing & Conservation Board**, and
- 3) Mail to: **UVM Extension Farm Viability Program**
Attention: Christi Sherlock
327 US Route 302, Suite 1
Barre VT 05641

Please contact **Christi Sherlock** at 866-860-1382 with any questions.

This program is funded by UVM Extension, USDA Risk Management Agency, The Vermont Housing and Conservation Board, Northeast Center for Risk Management Education and Private Donors.



THE UNIVERSITY OF VERMONT

EXTENSION

Farm Viability Program

APPLICATION

(Please Type or Print)

Name(s) of farmer applicant(s) _____

Mailing address (street) _____

Town _____ VT Zip _____ Telephone _____

Farm Name _____ Email _____

YOUR FARM INFORMATION

Please answer each question:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you a year-round Vermont resident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you own or rent by written lease at least one parcel of Vermont farmland? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have 3 years experience managing or working on a farm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Did your farm produce \$15,000 of gross farm income in the most recent tax year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. In the next 12 months do you again plan to engage in the business of farming on this land? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PLEASE NOTE: If you answered **NO** to any of these questions, you should contact the Farm Viability program office at 1-866-860-1382 before submitting your application..

6. I (we) own the farm as a:

- ☐ sole proprietorship.
☐ partnership.
☐ corporation.
☐ other ownership arrangement
(specify) _____
☐ (we) lease the farm from someone else

7. How did you hear about the program?

- ☐ from a friend / other farmer
☐ from the internet/website, which one? _____
☐ at an event, program or conference
☐ from a publication, which one? _____
☐ from a service provider or consultant, which one? _____
☐ Other: _____

Please give acres of:

Total owned _____
Total rented _____
Forage crops (hay, corn, etc.) _____
Pasture _____
Vegetables or berries _____
Ornamentals _____
Tree fruits _____
Sugarbush (# of Taps) _____
Food Grains _____
Other (specify) _____

Please give numbers of:

Mature dairy cows _____
Young dairy cattle _____
Dairy goats _____
Dairy sheep _____
Other sheep _____
Beef cattle _____
Hogs _____
Poultry _____
Horses _____
Other (specify) _____

Please give numbers of:

Fulltime family laborers _____
Part time family laborers _____
Fulltime hired laborers _____
Part time/seasonals hired _____

Please check if your farm:

Is certified organic ☐
Has on-farm processing ☐
Sells direct to consumers ☐
Has an agri-tourism element ☐

Gross farm income
for most recent tax year _____

Net farm income
for most recent tax year _____

Off farm income
for most recent tax year _____

PLEASE DESCRIBE THE TYPE(S) OF TECHNICAL ASSISTANCE YOU ARE REQUESTING

Please attach a one-page description of your ideas for changing or improving your farm enterprise and address the following:

- A brief description of your farm business
- Your ideas and plans for the future
- What you hope to get out of enrolling in the VT Farm Viability Program
- What technical assistance you are already receiving or actively seeking

Please check the program options you are applying for (we can discuss these options further upon enrollment):

- | | | |
|---|--|---|
| <input type="checkbox"/> Full Business Plan | <input type="checkbox"/> Enterprise Analysis | <input type="checkbox"/> Farm Transfer Plan |
| <input type="checkbox"/> Cash Flow Planning or Financial Analysis | <input type="checkbox"/> Dairy Management Team | <input type="checkbox"/> Follow-Up Services (for farms that have already completed plans through the program) |

Please check your top priorities for specific technical assistance you might be interested in receiving (up to 8 boxes):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Business plan | <input type="checkbox"/> Farm transfer/sale | <input type="checkbox"/> Health insurance | <input type="checkbox"/> Animal health/nutrition |
| <input type="checkbox"/> Budgets/financial planning | <input type="checkbox"/> Personal/family stress | <input type="checkbox"/> Farming with disabilities | <input type="checkbox"/> Wholesale markets |
| <input type="checkbox"/> Retirement/estate planning | <input type="checkbox"/> Enterprise analysis | <input type="checkbox"/> Marketing plan | <input type="checkbox"/> Environmental concerns |
| <input type="checkbox"/> Community supported ag. (CSA) | <input type="checkbox"/> Labor management | <input type="checkbox"/> Energy Efficiency | <input type="checkbox"/> Forage crops |
| <input type="checkbox"/> Accounting and record keeping systems | <input type="checkbox"/> Agri-tourism | <input type="checkbox"/> Expansion planning | <input type="checkbox"/> Composting |
| <input type="checkbox"/> Value-added processing | <input type="checkbox"/> On-farm sales | <input type="checkbox"/> Pasture management | <input type="checkbox"/> Manure management |
| | <input type="checkbox"/> Organic production | <input type="checkbox"/> Borrowing capacity | |

Please answer the following questions:

Would you like to be eligible for future grants for participants that successfully complete business plans? ☐Yes ☐No

Is your farm currently under foreclosure or is your farm business currently in a bankruptcy proceeding? ☐Yes ☐No

Is your farm enrolled in a financial record-keeping program? _____

Do you have detailed balance sheets and income statements for the last two years? _____

Is your farm enrolled in production record keeping such as DHIA or crop enterprise reporting? _____

How many years have you managed a farm? _____

Do you have any formal education in farm management? _____

Please list any awards the farm has received under your management: _____

Are you willing to set aside significant time (minimum 6-8 hours) to meet at your farm with a business planner and/or complete activities associated with your project technical assistance providers? ☐Yes ☐No

Are you considering transferring the farm (sale or lease) to another farmer in the immediate future? ☐Yes ☐No

Is the farm enrolled in the VT Use Value Appraisal/Current Use? _____

Is the farm protected by a conservation easement? _____

The information given in this application is true to the best of my (our) knowledge.

Signature(s) _____ Date _____

Use this space for a one-page description of your ideas for business planning. You may attach additional paper if needed. This should include plans for changing or improving your farm enterprise. Please address the four bulleted statements on page two of the application.

[illegible]

Return application to: **UVM Extension Farm Viability Program**
Attention: Christi Sherlock
327 US Route 302, Suite 1
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UVM Office Use

Fee Collected: Yes ☐ No ☐
Check # _____
Date Received: _____
Lead Provider
☐ Cannella ☐ Kitsos
☐ Dolce ☐ Miller
☐ Ghia ☐ Paddock
☐ Other _____