

Certified Small Farm Operations (CSFO): 2023

Annual Self-Certification Form

Operation Name:		Contact Name:	
Contact Phone:		Cell Phone Number:	
Email Address:			
Mailing Address:		Main Facility E911 Address:	
Mailing Address 2:		E911 Address 2:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	
Additional E911 Addresses			
Other E911 Address:		Other E911 Address:	
Mailing Address 2:		Mailing Address 2:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	

What is your preferred method of communication with the Vermont Agency of Agriculture, Food, & Markets?

Email US Postal Service Fax

I. TYPE AND NUMBER OF ANIMALS

Report maximum numbers of each type of animal present on your farm in the **previous 12 months:**

Type	Maximum Number of Animals
Mature Dairy Cows (lactating and dry)	
Youngstock or Heifers	
Veal Calves	
Cattle or Cow/Calf Pairs	
Swine (55 lb. or more)	
Swine (under 55 lb.)	
Horses	
Sheep or Lambs	
Turkeys	
Chickens (w/ liquid system)	
Chickens (w/out liquid system)	
Ducks (w/ liquid system)	
Ducks (w/out liquid system)	

II. WASTE STORAGE AND MANAGEMENT

Please check all methods present on farm:

- Field Stack Manure Pit Semi-solid Storage
- Compost Mortality Leachate Treatment
- Milkhouse Waste System Leachate Collection
- _____ Waste Feed Stack

III. FEED AND RAW MATERIAL STORAGE

Please check all methods present on farm:

- Bunker Silo Ag Bag
- Upright Silo Bedding Storage
- Pile (in field) Commodity Shed
- Wrapped Round Bales

IV. FIELDS

<u>Crop</u>	<u># of Acres</u>
<input type="checkbox"/> Hay	_____
<input type="checkbox"/> Pasture	_____
<input type="checkbox"/> Corn	_____
<input type="checkbox"/> Vegetable/Fruit	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

V. RECORD KEEPING

Record keeping for soil analysis, manure or agricultural waste application, and fertilizer applications is required of all Certified Small Farm Operations. Records must be maintained on the farm for 5 years, and be made available to the Secretary upon request. Records, pursuant to 6.03(f) of the RAPs, must include: **date of application, field location, application rate, source of nutrient applied, and weather and field conditions at the time of application.**

To request a record keeping booklet, check here.
or visit: go.usa.gov/x5pvW

VI. NUTRIENT MANAGEMENT PLAN

VAAFM understands that few Certified Small Farm Operations will have a complete NMP for _____ but that farmers should be actively working towards NMP completion by taking modified Morgan extractant soil samples and applying manure at agronomic rates

a. Do you have a complete Nutrient Management Plan (NMP) developed, in accordance with USDA NRCS Nutrient Management Practice Code 590?

Yes No

b. If no, have you begun the process of developing your NMP? Yes No

c. Who has been assisting with NMP development?

VII. CONSERVATION PRACTICES

Please check any and all conservation practices listed below that are present on your farm:

Field/Grazing:

Production Area:

- | | | | |
|---|--|---|--------------------------|
| <input type="checkbox"/> Cover Cropping | <input type="checkbox"/> Manure Injection | <input type="checkbox"/> Livestock Fencing from Surface Water | <input type="checkbox"/> |
| <input type="checkbox"/> No Till/Reduced Till | <input type="checkbox"/> Aeration | <input type="checkbox"/> Roof Runoff Structure | <input type="checkbox"/> |
| <input type="checkbox"/> Crop Rotation | <input type="checkbox"/> Grassed Waterways | <input type="checkbox"/> Animal Trails and Walkways | <input type="checkbox"/> |
| <input type="checkbox"/> Vegetated Buffer | <input type="checkbox"/> Riparian Forest Buffers | <input type="checkbox"/> Waste Management/Manure Storage | <input type="checkbox"/> |
| <input type="checkbox"/> _____ | <input type="checkbox"/> | | <input type="checkbox"/> |

VIII. MEDIUM FARM OPERATION/ CERTIFIED SMALL FARM OPERATION TRANSITIONS

How many water quality training hours did you receive in the past year?

IX. APPLICANT CERTIFICATION

I certify that the information provided here is, to the best of my knowledge, true, accurate, and complete.

Applicant Name (please print): _____

Signature of Applicant: _____ Date: _____

Reminder - CSFO Annual Small Farm Self-Certification Forms should be submitted each year to:

Vermont Agency of Agriculture, Food & Markets
Small Farm Operations Program
116 State Street
Montpelier, VT 05620

Questions: (802) 828-2431 or AGR.WQPermits@vermont.gov