

Farm Determination Form

Farm/Business Name: <input style="width:95%;" type="text"/>	Owner/Operator Name: <input style="width:95%;" type="text"/>
House/Barn Phone: <input style="width:95%;" type="text"/>	Cell Phone Number: <input style="width:95%;" type="text"/>
Email Address: <input style="width:100%; height: 20px;" type="text"/>	
Mailing Address: <input style="width:95%; height: 50px;" type="text"/>	Main Farm E911 Address: <input style="width:95%; height: 50px;" type="text"/>

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

Email
 United States Postal Service
 Fax # _____

FARM DESCRIPTION

Use this space to describe your farm operation.

FARM DETERMINATION

Answer "Yes" or "No" to each of the following questions:

- | | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| • Do you operate four or more acres of land under "farming" activities? <i>See list below.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you filed a 1040(F) Tax for in the last 2 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your farm earn an annual gross income of more than \$2,000 from the sale of agricultural products? <i>Use the average annual value of produce sold (gross sales) during the previous 3-year period.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have a prospective business or farm management plan that describes how the farm will meet the threshold requirements of RAPs Section 3.1? <i>If so, please send in with this form.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

FARMING ACTIVITIES

Indicate which of the following activities are occurring on your farming operation:

- (a) the cultivation or other use of land for growing food, fiber, Christmas trees, maple sap, or horticultural, viticultural, and orchard crops; or
- (b) the raising, feeding, or management of livestock, poultry, fish, or bees; or
- (c) the operation of greenhouses; or
- (d) the production of maple syrup; or
- (e) the on-site storage, preparation, and sale of agricultural products principally produced on the farm; or
- (f) the on-site storage, preparation, production, and sale of fuel or power from agricultural products or wastes principally produced on the farm; or
- (g) the raising, feeding, or management of four or more equines owned or boarded by the farmer, including training, showing, instruction and lessons.

TYPE AND NUMBER OF ANIMALS

If applicable, 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)	
Other:	

FIELDS

If applicable, report **acreage of each type of crop** present on your farm in the previous 12 months:

<u>Crop</u>	<u># of Acres</u>	<u>Crop</u>	<u># of Acres</u>
<input type="checkbox"/> Hay	_____	<input type="checkbox"/> Hemp	_____
<input type="checkbox"/> Corn	_____	<input type="checkbox"/> Trees/Syrup	_____
<input type="checkbox"/> Pasture	_____	<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Vegetables, Berries	_____	<input type="checkbox"/> Other: _____	_____

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 — submit to:

Vermont Agency of Agriculture, Food & Markets
Small Farm Operations Program
116 State St. Montpelier, VT 05420

Contact Information: (802) 828-2431 or AGR.WaterQuality@vermont.gov