

Local Food Systems Survey

1) Name: (First) _____ (Last) _____

Farm Name: _____

Farm Address: _____ City: _____

State: _____ Zip: _____ County: _____

Phone: _____ Email: _____

2) Is your farm address the same as your home address? ☐ Yes ☐ No

3) If no, please indicate your home address:

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Phone: _____

4) What is the age of the primary individual for this farm?

___ Under 30 ___ 31-40 ___ 41-50 ___ 51-60 ___ Over 60

5) What is the gender of the primary individual for this farm?

___ Male ___ Female

6) Number of years this farm has been operation?

___ Less than 1 year ___ 1-5 years ___ 6-10 years

___ 11-20 ___ 20-40 years ___ 40+ years

7) How do you describe your farm/operation? (Check all that apply)

___ **Conventional** – Your operation is considered conventional if you use ANY synthetic fertilizers, pesticides, herbicides, insecticides, hormones, antibiotics, or common enhancers like Miracle-Gro.

___ **Authentic** – Your operation is considered authentic if you DO NOT USE ANY synthetic fertilizers, pesticides, herbicides, insecticides, hormones, antibiotics, or common enhancers like Miracle-Gro.

___ **USDA Certified Organic**

___ **Grass-Fed** – Animals only fed grass and forage, no grain.

___ **Hormone-Free** – No hormones are ever given to these animals.

___ **Raised without Antibiotics** – No antibiotics ever given to healthy animals. Sick animals only receive antibiotics if removed from the herd/reintroduced once antibiotics clear their system.

___ **Other:** _____

8) If more than one category fits your farm, please explain: _____

9) What is the **total** acreage of your farm (combination of acres in production and acres fallow)?

___ Less than 1 ___ 1-5 ___ 6-10 ___ 11-20 ___ 21-40 ___ 40+

10) How many acres do you currently use for **production**?

___ Less than 1 ___ 1-5 ___ 6-10 ___ 11-20 ___ 21-40 ___ 40+

- 11) What percentage of this property is owned (not leased)?
 ___ 0-25% ___ 26-50% ___ 51-75% ___ 76-100%
- 12) Are you interested in expanding your farming operation?
 ☐ Yes ☐ No If yes, in what way? If no, why not? _____

- 13) If interested in expanding your farming operation, what has to happen to make this expansion more likely?

- 14) What are your five primary products/crops?

- 15) Do you have a specialty or "signature" product/crop?
 ☐ Yes ☐ No If yes, what is it? _____
- 16) What is your 2010 **gross** farming revenue?
 ___ Less than \$1,000 ___ \$4,001 - \$5,000 ___ \$20,001-\$30,000 ___ Over \$100,000
 ___ \$1,000 - \$2,000 ___ \$5,001-\$7,500 ___ \$30,001-\$40,000
 ___ \$2,001 - \$3,000 ___ \$7,501-\$10,000 ___ \$40,001-\$50,000
 ___ \$3,001 - \$4,000 ___ \$10,001-\$20,000 ___ \$50,001-\$100,000
- 17) Do you expect your estimated 2011 **gross** farming revenue to be significantly higher or lower than last year's?
 ☐ Yes ☐ No If yes, why? _____
- 18) What percentage of your **total household income** is derived from your farm?
 ___ Less than 5% ___ 21-30% ___ 51-60% ___ 81-90%
 ___ 5-10% ___ 31-40% ___ 61-70% ___ 91-100%
 ___ 11-20% ___ 41-50% ___ 71-80%
- 19) Please indicate the percentage of your overall farm revenues that you derive from:
(input a numerical response; if a category does not apply, leave blank or enter '0')
 Farm Stands _____ Farmers Markets _____ Food Cooperatives (Co-ops) _____
 Local Retailers (*other than Co-ops*) _____ Local Restaurants _____
 CSA Programs (*Community Supported Agriculture/Farm Shares*) _____
 Other (*Please Specify:*) _____
- 20) Are you able to sell all that you produce?
 ☐ Yes ☐ No
- 21) What has been your hardest product to sell? _____
- 22) What do you do with what you cannot sell? _____

23) What percentage of your household grocery bill is “replaced” by your farm production?
(input a numerical response)

In season (May-October) _____ Off-season _____

24) Including yourself, how many of the following types of paid employees work on your farm?
(You can use fractions, i.e. if you have a half-time hired hand assisting your full-time efforts, your response would be 1.5; if you operate the farm as a partnership and you both work full-time on the farm, the answer would be 2.)

Full-time, year-round _____ Full-time, seasonal _____

Part-time, year-round _____ Part-time, seasonal _____

25) Do you offer any of the following – Please check all that apply:

☐ Paid internships ☐ Volunteer Opportunities

☐ Unpaid internships ☐ WWOOFer Accommodations (World Wide Opportunities on Organic Farms)

26) Please indicate which of the following initiatives most interest you:

☐ Hoophouse (high tunnel) systems ☐ Value-added production ☐ Business financing

☐ Access to U.P.-wide distribution systems (i.e., trucking) ☐ Access to cold-storage

27) What local, state, and federal agriculture programs do you participate in? _____

28) Are you aware of any local, state, or federal regulations/policies that have created obstacles to your farming operations?

29) Do you have someone to take over your farm when you quit farming?

☐ Yes ☐ No

Please explain (i.e. If yes, is it a family member? If no, why not?) _____

30) Please provide any additional comments or any additional information you would like to share.
