

*Do you need additional training to help you in your agricultural operation? (computer, farm management, finances, mechanics, etc) _____Yes _____No

If yes, please explain:

Please explain any health issues or disabilities that need to be taken into account when considering a farm transfer.

Interest

Your farming interest

*Regions interested in farming: Capital Central Eastern
 Northern Midwest Valley
 Southwest Southeast Southside

*Please indicate the type of operation most interested in (be specific with all crops grown and animals):

Acreage Desired: Less than 50 50 to 100 More than 100

*Are you currently farming? Yes No

Specific buildings or facilities needed? Yes No

If yes, please describe

Main House needed? Yes No

Additional houses/units? Yes No

If yes, how many? _____

What types? _____

*Farming opportunity desired: Full-time Part-time

What type of production method do you plan to use? (Check all that apply)

Sustainable production Organic production

Intensive production

Select all the transition arrangements you would consider:

Sale

Employee/Employer (working arrangement with future transfer)

Lease

Lease with option to buy

Enter into a partnership with a farm owner

Other _____

How long do you want or expect this transfer to take?

Minimum Time _____Months _____Years

Maximum Time _____Months _____Years

Additional Information

Information regarding the farm transfer

Please indicate the importance of the following characteristics to your farm business.

Critical	Desired	Not Important	
_____	_____	_____	Housing for labor
_____	_____	_____	Near “urban” population
_____	_____	_____	Annual records of past farm management
_____	_____	_____	Grain storage
_____	_____	_____	Hay storage
_____	_____	_____	Manure storage
_____	_____	_____	Livestock facilities
_____	_____	_____	Certified organic or easily certifiable
_____	_____	_____	Greenhouse
_____	_____	_____	Machine shed/workshop
_____	_____	_____	Permanent fencing for livestock
_____	_____	_____	Use of intensive pasture management
_____	_____	_____	Farm stand/store
_____	_____	_____	Other _____

What do you want your farm business to look like in the next 1 – 5 years?

What do you want your farm business to look like in 5 or more years from now?

*Do you own a computer? _____Yes _____No

If yes, check the items for which you use it:

_____Farm record keeping

_____Farm market information

_____E-Mail

_____World wide web

References

Personal References

Please list three references (non-relatives). Include at least one employer, co-worker, or business partner.

Name	Phone Number	Relationship
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If you know of other farm seekers who would like to get started, please provide names and a contact method.

Name	Contact Information
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Submission

Submit your application

Thank you for your interest in the Virginia FarmLink Program. Once you have completed this application please mail it to: Governmental Relations, Virginia Farm Bureau Federation, P.O. Box 27552, Richmond, VA 23261.

Upon receipt of your application, it will be reviewed and used as a guide in the pursuit of potential farming links for you and your family.

If you wish to discuss your application or have any further questions, please contact Governmental Relations at 804-290-1014.