

# North Shore EVP

A Community Economic Vitality Partnership

67-332 Kaiea Pl.  
Waialua, HI 96791-9501  
808-383-4481  
www.NSEVP.org

## GroupGAP Application

### Farm Overview

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Farm Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you have access to a computer and the internet?  Yes  No      Do you own or lease:  Own  Lease

If yes, are you comfortable communicating via email?  Yes  No

**Gross Sales:** Check the box that corresponds to your gross sales:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-100,000         | <input type="checkbox"/> \$200,001-\$250,000 | <input type="checkbox"/> \$500,001-\$750,000   |
| <input type="checkbox"/> \$100,001-\$150,000 | <input type="checkbox"/> \$250,001-\$350,000 | <input type="checkbox"/> \$750,001-\$1,000,000 |
| <input type="checkbox"/> \$150,001-\$200,000 | <input type="checkbox"/> \$350,001-\$500,000 | <input type="checkbox"/> >\$1,000,000          |

**Number of Employees:**      \_\_\_\_\_ Full-time      \_\_\_\_\_ Part-time      \_\_\_\_\_ Non-Compensated  
(Family, owners, etc.)

Average Total Worker-days per Month: \_\_\_\_\_ Days  
(# of workers x days/month for each worker)

What language do you and your workers speak on the farm? \_\_\_\_\_

**Time management:** What percent of your time is spent on the following activities?

Farming/Production	_____%	Maintenance/Repairs	_____%
Marketing/Selling	_____%	Management/Administration	_____%
Packing/Sorting	_____%	TOTAL:	<u>100%</u>

**Satisfaction:** Rank the following activities from (1) what you like to do most to (5) what you least enjoy?

Farming/Production	_____	Maintenance/Repairs	_____
Marketing/Selling	_____	Management/Administration	_____
Packing/Sorting	_____		

**Producer Practices:** Check all of the practices you currently use on your farm.

- |   |  |
|---|--|
| <input type="checkbox"/> Chemical free                        | <input type="checkbox"/> Certified Naturally Grown             |
| <input type="checkbox"/> Non-certified but practicing organic | <input type="checkbox"/> Good Agricultural Practices Certified |
| <input type="checkbox"/> USDA Certified Organic               | <input type="checkbox"/> Fair Trade                            |
| <input type="checkbox"/> Good Handling Practices certified    | <input type="checkbox"/> Integrated Pest Management            |

How long have you been farming? \_\_\_\_\_ Years \_\_\_\_\_ Months

How many acres of specialty crop do you grow? \_\_\_\_\_ Acres

Does the farm have a restroom for workers to use?  Yes  No

Does the farm have handwashing facilities available?  Yes  No

What crops are you interested in certifying?

- a. \_\_\_\_\_ d. \_\_\_\_\_ g. \_\_\_\_\_  
b. \_\_\_\_\_ e. \_\_\_\_\_ h. \_\_\_\_\_  
c. \_\_\_\_\_ f. \_\_\_\_\_ i. \_\_\_\_\_

Where are you currently selling your produce?

- Mobile retail (roadside)       Online sales       Restaurants/Caterers  
 K-12 Schools       Distributors       Small local grocery stores  
 Food processors       Supermarkets       Buying Clubs  
 Farmers Markets       Colleges/Universities       Other: \_\_\_\_\_

How many pounds of product have you sold in the last 3 months? \_\_\_\_\_ Pounds

How many pounds of product have you sold in the last Year? \_\_\_\_\_ Pounds

### Food Safety

Does the farm currently have an annually-audited Good Agricultural Practices program in place? Yes No

Have you had food safety training? Yes No

If Yes, please describe your current status including dates:

---

---

Do you currently have a farm food safety plan? Yes No

If Yes, please highlight what is included, generally:

---

---

If No, are you willing to develop a farm food safety plan? Yes No

If Yes, why?

---

---

Do you see a demand for food safety certification in your current market(s)? Yes No

Do you anticipate you will need food safety certification in the next few years? Yes No

Do you already have a buyer requesting food safety certification? Yes No

Do you intend to expand where you are selling your product to other institutional markets? Yes No

Do you think GroupGAP will allow you to sell your product to additional outlets? Yes No

How do you see your business changing over the next 5 years with Group GAP certification? Please describe.  
(use additional space on the back as necessary)

---

---

---

---

---

---

---