

North Shore Economic Vitality Partnership

67-332 Kaiea Pl.

Waiialua, HI 96791-9501

www.nsevp.org

GroupGAP Application

Applicant Information

Applicant Name (Primary Contact): _____

Farm Name (to be listed on food safety documents): _____

Cell Phone: _____ Office Phone: _____

Email: _____

Website: _____

Farm Physical Address: _____

City: _____ Zip Code: _____ - _____

Farm Mailing Address (if same as physical address):

City: _____ Zip Code: _____ - _____

Do you have access to a computer and the internet? Yes No

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

Do you have access to a smartphone? Yes No

Please rate yourself on your timeliness in response to requests and questions:

I need reminders I respond in a few days I respond right away

Farm Information

Do you own or lease the land that you farm?: Own Lease

Total acres: _____ Acres in production: _____

What crops do you grow?: _____

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

How long have you been farming? _____ Years _____ Months

Does your operation have insurance? Yes No

If yes, what type of insurance/ coverage?: _____

Number of Employees:

_____ Full-time _____ Part-time _____ Non-Compensated (Family, owners, etc.)

What language(s) do you and your workers speak on the farm?

If needed, do you have access to a translator to help you in this program? Yes No N/A

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

- Non-certified but practicing organic USDA Certified Organic Fair Trade
 Good Handling Practices Certified Chemical free Certified Naturally Grown
 Integrated Pest Management USDA Good Agricultural Practices Certified

Infrastructure:

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

Does the farm have handwashing facilities available? Yes No

Do you keep records (logs) for any of the following farm activities:

- Pesticide Applications Restroom cleaning Harvest Cleaning Worker Training Sales

What is your farm water source?

- Surface water (ditch) Municipal (county) Well Rainfall only

Sales:

Check the box that corresponds to your gross sales:

- \$10,000 or less \$10,000 to 25,000 \$25,000 to \$50,000 \$50,000 to \$75,000 \$75,000 to \$100,000 \$100,000 to \$150,000 over \$150,000

Where are you currently selling your produce?

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

Do you intend to expand so that you can sell your product to other institutional markets, such as hospitals and/or schools? Yes No

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

Food Safety:

Have you had any food safety training? Yes No

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

If Yes, please highlight what is included in your farm plan or SOPs, generally:

Has the farm ever passed a USDA GAP Audit? Yes No

If Yes, please include date or year audited: ____/____/____

Is there 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

Are any of your buyers requesting the following (check any that apply):

- Records (logs) Traceability or recall plan Farm food safety plan Food safety certification
- Water Analysis Microbial Testing

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)

Where or how did you hear about North Shore EVP ?

Social Media:

Do you use social media to advertise your farm? Yes No

If yes, what do you use? Facebook ____ Instagram ____ Other ____

If you will share your social media account name(s) with us, please include here:

Facebook: _____

Instagram: _____

Other: _____

Invoice

#{Shipping Company}

Invoice # #{Invoice number}

Date: #{Submitted on}

To

#{Company Name}

#{Email}

#{City}

Invoice for
#{Company Name}

Payable to
#{Shipping Company}

Description	Quantity	Price
#{Item #1}	#{Qty1}	#{Price1}
#{Item #2}	#{Qty2}	#{Price2}
#{Item #3}	#{Qty3}	#{Price3}

Total: #{Total}

#{Notes}