

## 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?**

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**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:

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**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.**

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**Where or how did you hear about North Shore EVP ?**

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**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: \_\_\_\_\_