



North Shore Economic Vitality Partnership
PO Box 1069
Hanapepe, HI 96716-1069
nsevp.org

Hawai'i 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

What is your preferred contact method? _____

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

Please Note: Google applications will be utilized in a variety of ways during the cohort. If you are unable to access Google applications using your primary email address, you will be required to set up a Gmail account for this purpose.

Farm Information

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

Total acres or square feet: _____ Acres or square feet in production: _____

Indicate units used above ☐ Acres or ☐ Square feet

What crops are your priority to certify? _____

What other crops do you grow? _____

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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 employees 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, ☐ Certified Organic, ☐ Certified Naturally Grown, ☐ Fair Trade,
☐ Chemical Free, ☐ Integrated Pest Management, ☐ Korean Natural Farming, ☐ Certified USDA Good
Handling Practices (GHP) , ☐ Certified USDA Good Agricultural Practices Certified (GAP)

Infrastructure

What is your farm water source?

☐ Surface water (ditch/ reservoir), ☐ Rain catchment, ☐ Municipal (county), ☐ Well, ☐ Rainfall only

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

Are handwashing facilities with clean, potable (drinking water quality) water available to all workers in the areas where they work? ☐ Yes ☐ No

If No, please describe how workers wash their hands: _____

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

☐ Pesticide Applications, ☐ Restroom cleaning, ☐ Harvest, ☐ Cleaning/ Sanitizing, ☐ Worker
Training, ☐ Sales, ☐ Other: _____

Please Note: Digital recordkeeping via HeavyConnect is strongly preferred. Participants using HeavyConnect will receive a discount. As a Hawai'i GGAP Member you will be set up with an individual recordkeeping account for all required HarmonizedGAP/+ records.

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Sales

Check the box that corresponds to your annual gross sales: ☐ \$10,000 or less, ☐ \$10,000- \$25,000,
☐ \$25,000- \$50,000, ☐ \$50,000- \$75,000, ☐ \$75,000- \$100,000, ☐ \$100,000- \$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, ☐ Food Hubs,
☐ CSA, ☐ Hospitals, ☐ Other (Please describe) _____

Do you intend to expand so that you can sell your product to other markets? ☐ Yes ☐ No

If Yes, what are your goal markets? _____

Food Safety

Have you had any food safety training? ☐ Yes ☐ No

If Yes, Please describe the type(s) of training received: _____

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

Has the farm ever passed a USDA GAP Audit? ☐ Yes ☐ No ☐ N/A

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 quality reports ☐ Microbial Testing ☐ Other: _____

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's Hawai'i GroupGAP Program?

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: _____

Additional Questions or Comments

Do you have any questions for us or any additional information about your operation you'd like us to know?

Please send completed applications to info@nsevp.org