

28 Farmvu Drive White River Junction, VT 05001 www.whiterivernrcd.org whiterivernrcd@gmail.com (802) 369-3167

Farm Team Intake Form - Complete and return to White River NRCD.

Farm I	NameDate
Owne	r/Operator Name
Family	members/decision makers name(s)
Numb	er of workers (including self and family members)
Other	Farm Managers
Addre	ss
Email	
Phone	e Number ()
Farm S	Size (SFO, CSFO, MFO, LFO) Acres
Farm t	type/commodities produced (check all that apply and add additional crops/products
that a	pply to your farm enterprise):
	milk # of dairy cows milking and dry
	dairy livestock (registered stock, replacements) # of animals
	sheep (fiber, meat, milk, dual purpose) # of animals
	goats (milk, meat, dual purpose) # of animals
	(continued next page)





	beet # of animals	
	swine # of animals	
	poultry (eggs or meat) # of birds	
	horses # of horses	
	other livestock (specify type and number)	-
	hay/forages	
	commodity crops (specify)	
	vegetables & small fruits (specify)	
	tree fruit	
	maple # of taps	
	other:	
Gener	al goals, current issues or concerns on your farm that you would like your Farm	Team to
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Agriculture Service Providers:

Name and organization or business	Email and Phone	
The mission of the Farm Team is to streamline viability, while increasing adoption of on-farm conserv ("the District") will convene your service providers (i.e specialists, business planners, seed/fertilizer consultation for focused discussion with you about your farming en	vation practices. The White River NRCD e. NRCS, UVM Extension, grazing nts, bank representatives, veterinarians)	
These meetings will be scheduled at your convirtually via video conference call. The District will wo and scheduling that will work best for you and your fa District staff may contact you to gather any document to share with members of your Farm Team.	ork with you to set up the type of meeting rm. Prior to each of these meetings,	
The District commits to convening at least two annually. By signing this form, you authorize the Distr service providers and you commit to participating in t	ict to contact and coordinate with your	
"I give permission for the White River NRCI	to coordinate my Farm Team by	
contacting my agriculture s	ervice providers."	
Signature	Date	
Printed Name	Farm Name	



