



Northeast Organic Farming Association of Rhode Island

Serving Farmers, Gardeners and Consumers with Education & Outreach

Organic Farm Advisee Application

Name: _____ Farm Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

1. Are you currently a commercial farmer?

Is your farm currently certified organic, or are you planning to become certified?

2. Describe your farming background (experience, education, training, books you have read, workshops or conferences attended, etc.):

3. Describe your farm (size, personnel, equipment, crops produced, markets):

4. Check areas for which you would like assistance:

- | | | |
|--|---|--|
| <input type="checkbox"/> vegetables | <input type="checkbox"/> soil fertility | <input type="checkbox"/> crop rotation |
| <input type="checkbox"/> leafy greens | <input type="checkbox"/> cover crops | <input type="checkbox"/> whole farm planning |
| <input type="checkbox"/> herbs | <input type="checkbox"/> pest and disease control | <input type="checkbox"/> business planning |
| <input type="checkbox"/> small fruit | <input type="checkbox"/> weed control | <input type="checkbox"/> organic certification |
| <input type="checkbox"/> tree fruit | <input type="checkbox"/> season extension | <input type="checkbox"/> record keeping |
| <input type="checkbox"/> seedling production | <input type="checkbox"/> post harvest handling | |
| <input type="checkbox"/> greenhouse growing | <input type="checkbox"/> marketing of organic crops | <input type="checkbox"/> other: _____ |

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5. List any specific skills you would like to learn from other farmers:

6. Which of the following results would you like to achieve as a result of participating in this program? (check all that apply)

- To improve the sustainability of your farm
- To increase marketable yields
- Concern for you own or your customer's health
- To make your products more desirable in the marketplace
- To justify charging a higher price for your products
- To produce crops that you can label and market as certified organic, organic, IPM, or chemical-free
- Other:

7. What goals do you expect to achieve as a result of participating in this program?

8. Is there a specific advisor your would like assistance from?

9. Terms and conditions:

1. I agree to complete a summary report of my experience in this program.
2. I agree to hold NOFA/RI, my advisor, and RIDEM harmless for errors and omissions.
3. I understand that participation in this program does not constitute or guarantee compliance with the USDA National Organic Program.

I understand and agree to these terms and conditions.

I attest that I am the owner or operator of a commercial farm or I have plans to begin farming commercially in the near future.

Sign

Date

Return to:
NOFA/RI 247 Evans Road, Chepachet, RI 02814

Send questions to nofari@live.com or call (401) 523-2653.