



Northeast Organic Farming Association of Rhode Island

Serving Farmers, Gardeners and Consumers with Education & Outreach

Organic Livestock Advisee Application

Name: _____ Farm Name: _____

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

Phone: _____ Email: _____

1. Are you currently a commercial farmer? (Circle one) Yes or No
Is your farm currently certified organic or are you planning to become certified? (Circle one) Yes or No

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, and markets):

4. Check areas for which you would like assistance:

- | | | |
|--|---|---|
| <input type="checkbox"/> chickens – eggs | <input type="checkbox"/> cattle | <input type="checkbox"/> rotational grazing |
| <input type="checkbox"/> chickens – meat | <input type="checkbox"/> guard animals | <input type="checkbox"/> post harvest handling |
| <input type="checkbox"/> ducks – eggs | <input type="checkbox"/> beekeeping – pollination hires | <input type="checkbox"/> marketing - organic livestock |
| <input type="checkbox"/> ducks – meat | <input type="checkbox"/> beekeeping – honey | <input type="checkbox"/> marketing – value-added products |
| <input type="checkbox"/> turkeys | <input type="checkbox"/> beekeeping – value-added | <input type="checkbox"/> whole farm planning |
| <input type="checkbox"/> sheep – wool | <input type="checkbox"/> fencing | <input type="checkbox"/> business planning |
| <input type="checkbox"/> sheep – meat | <input type="checkbox"/> animal pens, shelters, barns, | <input type="checkbox"/> organic certification |
| <input type="checkbox"/> swine | <input type="checkbox"/> animal health | <input type="checkbox"/> record keeping |
| <input type="checkbox"/> goats – fiber | <input type="checkbox"/> pasture health | <input type="checkbox"/> value added production |
| <input type="checkbox"/> goats – meat | <input type="checkbox"/> livestock/cover crop rotations | <input type="checkbox"/> other: _____ |

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

6. Which of the following results would you like to achieve through 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, IPM or chemical-free
- Other: _____

7. What goals do you expect to achieve through participating in this program?

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

9. Terms and conditions:

- A. I agree to complete a summary report of my experience in this program.
- B. I agree to hold NOFA/RI, my advisor, and RIDEM harmless for errors and omissions.
- C. 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.

Signature _____ Date _____

Send questions to nofari@live.com or call (401) 523-2653. Send form to NOFA/RI 247 Evans Road, Chepachet, RI 02814.