**Application for the 2020 Executive Farm Management Program**

Please answer these questions to the best of your knowledge. We ask that you complete this form electronically.

**NOTE:** Should a question have a red asterisk (**\***) it is a required question to answer.

**Name \***

First and Last Name

**Farm/Operation/Organization Name \***

Farm/Operation/Organization Name

**Job Title \***

Formal Job Title

**Your Role’s Function within the Operation**

(Brief answer will suffice - possible examples of responses may be, HR, Finance, Labor/Field Management, Packaging, Processing, etc.)**\***

Your Role’s Function within the Operation

**Farm/Operation/Organization Mailing Address \***

Address Line 1

Address Line 2

CityStateZip Code

County

**Email Address\*** Please enter your email address

**Business Phone Number \***

Please type number here

**Mobile Phone Number**

(Your mobile number is needed as we will use this to reach you at times while the program is in session) **\***

Please type number here

**May we send text messages to you?**

Select One

**Does your Operation/Organization have social media accounts? \***

Select One

**If yes, which account types (platforms) does your organization utilize?**

(Please check all that apply)

Facebook

Instagram

Twitter

LinkedIn

Snapchat

Tumblr

Pinterest

Reddit

Flickr

Other: If selected other, please share which platforms you may use

**Farm Operation/Organization Profile**

**Please provide a history and summary of the agribusiness you currently own, operate, manage or are a part of. \***

Please share your operation’s history

**When was your operation started/founded/established? \***

Please type in the year which your operation began

**If family owned and operated, how many generations have participated in the operation? \***

Please select one

**If your operation is family owned, how many family members are involved in the business? \***

Enter total number of family members involved in operation

**If your operation is family owned, are you a member of the family? \***

Please select one

**What crops and livestock do you produce? How many acres do you produce and/or heads do you raise for each?**

(A simple list of crops/acre, livestock by head will suffice.) **\***

Click here to enter text.

**Does your operation GROW in any additional states or countries? If so, in which states or countries and which crops? Please include size in terms of acres.**

(Short Answer per State/Country/Crop and Acreage is perfect)**\***

Click here to enter text.

**Does your operation EXPORT any of the crops you grow? If so, in what countries and what quantities per crop?**

(Short Answer per Country/Crop and Quantity is perfect) **\***

Click here to enter text.

**Does your operation grow any crops or raise livestock on contract? \***

Please select one

**If yes, which crops and/or livestock are grown on contract?**

Click here to enter text.

**How many acres per crop and/or livestock by head are grown on contract?**

Click here to enter text.

**What organizations/operations do you maintain contracts with?**

Click here to enter text.

**What are the biggest challenges to your operation? \***

Click here to enter text.

**Professional Profile**

**Are you the most senior manager of your operation? \***

Please select one

**If no, to whom do you report and what is their position in the operation? \***

Click here to enter text.

**Please explain your role on the farm.**

(The more detail you are able to provide, the better for our faculty as we prepare for your participation in our program.) **\***

Click here to enter text.

**How long have you worked at this operation? \***

Please select one

**How long have you worked in agriculture? \***

Please select one

**List the educational institutions you have attended and/or obtained a degree/certificate from,** **beginning with the most recent.**

(Include high school, colleges, universities, and management and/or certificate programs.) **\***

Click here to enter text.

**Personal Responsibilities and Awareness**

**Describe your experience with the farm's finances. \***

Click here to enter text.

**Describe your experience with the farm's HR policies. \***

Click here to enter text.

**Do you have experience with the business model canvas? \***

Please select one

**Do you use large amounts of data for decision-making? \***

Please select one

**If you answered yes, please provide us additional information about the data that you collect.**

The sources from which this data is collected, the systems which you utilize to analyze the data and how you make decisions based on the data you collect.

Click here to enter text.

**Operation/Organization's Financial Profile**

**(All responses are kept confidential and only shared with the core faculty team. This section of the application is particularly protected.)**

**What is the approximate net asset value of your operation?**

Click here to enter text.

**What is your farm operation's total gross annual income?**

Click here to enter text.

**Do you have an equity stake in the operation? \***

Please select one

**Does your operation have an estate plan in place?**

Please select one

**Which of these apply to your operation?**

Please check all that apply.**\***

Sole Proprietorship

General Proprietorship

Partnership

Limited Partnership

Limited Liability Partnership

Public Corporation

LLC or Private Corporation

Association

Cooperative

Our operation utilizes several of the above business structures.

Other:

**If you answered the above question with "other" please provide additional information.**

Click here to enter text.

**Which components of your operation generate the most revenue? \***

Click here to enter text.

**Labor Profile**

**How many people, including you, are actively involved in the management of your farm/ranch/business? \***

Click here to enter text.

**How many full-time employees (below management level) are involved in your farm? \***

Click here to enter text.

**How many seasonal employees (below management level) are involved in your farm? \***

Click here to enter text.

**Which of the following positions are formally recognized within your operation?**

Please check all that apply.**\***

Accounts Payable and Receivable

Business Development

Controller/Financial Officer

Crop Scout and Advisor

Farm Manager

Food Safety

Greenhouse Manager

Human Resources

IT

Logistics

Marketing

Packing Manager

Payroll Manager

Operations

Sales

Warehouse Manager

Other:

**If 'other' was one of the boxes checked above, please provide us a bit more information.**

Click here to enter text.

**About You**

**What do you hope to learn from this program?**

(By providing us this information, we will work to ensure that your priorities are met.)**\***

Click here to enter text.

**Have you spoken with any alum from the previous two programs? If so, who? \***

Click here to enter text.

**Are you able to attend each session of the program?**

(This program is intense and the content builds upon each day and session before. It is delivered in a total of 12-days, across 3 separate sessions in 3 different states.)**\***

Choose an item.

**Do you have a backup that can cover your operational responsibilities while you are attending the program? \***

Choose an item.

**List any industry/commodity groups or organizations you have recently been involved with (or a member of), beginning with the most current.** (This includes you as well as your organization/operation.) **\***

Click here to enter text.

**Do you have a preferred agricultural lender? \***

Click here to enter text.

**Would you consent to your name being publicly listed as an alum of the program once you have completed the program?**

(For example, please visit: [https://execfarmmgmt.ces.ncsu.edu/alumni-execfarmmgmt/](https://www.google.com/url?q=https://execfarmmgmt.ces.ncsu.edu/alumni-execfarmmgmt/&sa=D&ust=1562185160151000&usg=AFQjCNGbxFVPhAsOrSaCTSnVCkz9xbQk2Q))**\***

Choose an item.

**What is the name of your local newspaper? \***

Click here to enter text.

**Are you agreeable to photos of you taken during the course of the program being used in future marketing and communication pieces this program may create? \***

Choose an item.

**Do you have any dietary restrictions? \***

Choose an item.

If you answered ‘Yes’, please provide us additional details so that we may plan the program’s meals with considerations for your needs.

**Will anyone else from your operation be participating? \***

Choose an item.

**If yes, please provide the following information for all other participants from your operation;**

Name of participant(s), Email of participant(s), Mobile Phone # of each participant(s). **Note:** Any additional participant(s) from your operation will need to complete an application.

Click here to enter text.

**Please share with us your Month and Date of Birth.**

(We do not need the year, and will use this information, so that we may reach out on your birthday to wish you well.)

Please select the Month and Day of your birth. We are not collecting the year.

**Thank you for your application and interest in the 2020 offering of the Executive Farm Management Program. We look forward to getting to know you and your operation! See you in Savannah, in January 2020.**

Please send completed application to the attention of Michelle Grainger via email [mgrainger@ncsu.edu](mailto:mgrainger@ncsu.edu?subject=2020%20EFM%20Application).