



**KENTUCKY DEPARTMENT OF AGRICULTURE
COMMUNITY SUPPORTED AGRICULTURE
2019 REGISTRATION**

Company / Farm Name: _____

Address: _____

City: _____ County: _____

State: _____ Zip: _____

Phone: _____ Mobile: _____

E-mail: _____ Website: _____

Facebook: _____

Contact(s): _____

How would you like customers to contact you? _____

Counties/Cities covered:

☐ *I am no longer offering a CSA Program.*

Please answer the following questions regarding your farming operation.

How long has your family been farming? _____

How long have you been farming? _____

How long have you been growing and direct marketing products? _____

Products offered through direct marketing: ☐ Vegetables ☐ Fruits ☐ Meats ☐ Eggs

How long have you been offering CSA membership? _____

Do you require members to sign a contract? Yes ☐ No ☐

Do you produce all the products offered in the CSA shares? Yes ☐ No ☐

Shares include: (please check all that apply to your CSA shares)

- | | |
|---|---|
| <input type="checkbox"/> Fruit | <input type="checkbox"/> Flowers |
| <input type="checkbox"/> Vegetables | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Herbs | <input type="checkbox"/> Meats |
| <input type="checkbox"/> Value-added products | <input type="checkbox"/> Recipes or Newsletters |
| <input type="checkbox"/> Other, please specify: _____ | |

If you answered no to the previous question, please provide the name of the producers and the products they offer to your CSA shares.

Producer: _____	
	Products: <input type="checkbox"/> Fruit
	<input type="checkbox"/> Vegetables
	<input type="checkbox"/> Herbs
	<input type="checkbox"/> Meats
	<input type="checkbox"/> Value-added products
	<input type="checkbox"/> Flowers
	<input type="checkbox"/> Eggs
	<input type="checkbox"/> Other, please specify _____

Producer: _____	
	Products: <input type="checkbox"/> Fruit
	<input type="checkbox"/> Vegetables
	<input type="checkbox"/> Herbs
	<input type="checkbox"/> Meats
	<input type="checkbox"/> Value-added products
	<input type="checkbox"/> Flowers
	<input type="checkbox"/> Eggs
	<input type="checkbox"/> Other, please specify _____

How are shares received?

- ☐ Pick up at farm
- ☐ Pick up at Farmers' Market location
- ☐ Delivered to home
- ☐ Neighborhood drop off
- ☐ Other, please specify: _____

How many shares did you offer in 2018? _____

How many shares will you offer in 2019? _____

Do you have a waiting list? ☐ Yes ☐ No

How do you communicate with members?

(please provide links for email, website, blogs or facebook)

- ☐ Newsletter ☐ Printed ☐ Electronic
☐ Emails
☐ Website _____
☐ Blog Site _____
☐ Facebook _____

Share options:

Sizes: (please check all that apply) (please attach detail of share information)

- ☐ Mini Share Price: _____ # of Weeks: _____
☐ Half Share Price: _____ # of Weeks: _____
☐ Full Share Price: _____ # of Weeks: _____

☐ Protein Share Option Price: _____ # of Weeks: _____
☐ Egg Share Option Price: _____ # of Weeks: _____
☐ Other (attach detail of other offering)

Deposit required for basket/container? ☐ Yes ☐ No If yes, how much? _____

What are the payment options? _____

Do you offer a discount with early payment? ☐ Yes ☐ No

Do you offer the members an opportunity to swap products? ☐ Yes ☐ No

Do you host any special events for the members? ☐ Yes ☐ No

If you answered yes to the previous question above, please provide details below on the special events held for the members.

Expectations you have of your members:

Was last season successful for your CSA program? _____

What agriculture related organizations are you currently an active member with?

Is there other information that you would like to share about your CSA?

Suggestions or ideas on how KDA can help:

Please read the following statement and indicate your preference. Both a signature and date are required for registration with the KDA.

I understand that the information I have provided above will be used by the Kentucky Department of Agriculture to promote the CSA program. I further understand that my information will be viewed by potential members when selecting CSA farms to participate or be offered as a benefit for their employee wellness programs.

- ☐ I agree that my information may be released.
- ☐ I do not agree to allow my information to be released.

Signature: _____

Print your full name: _____

Date: _____

Please return the completed form via e-mail to: nancyg.monroe@ky.gov or you can return by mail to:

Kentucky Department of Agriculture
Attention: Nancy Monroe
111 Corporate Drive
Frankfort, Kentucky 40601