* About You

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| 1. **Business Plan for:** |
| 1. **E-mail Address:** |
| 1. **Date:** |

* Business Overview

1. **Date Your Operation Started**
2. **Ownership structure of your operation (Sole proprietorship, LLC, Partnership, Co-Op)** 
   1. The owners and percentage owned
   2. How your operation started
   3. Do you trade labor for use of machinery with family or another operator?
3. Tell us the breakdown of your farmed acres.
   1. **Attach Farms Operated Schedule**, which includes the breakdown of your acres. If you are unable to attach the Farms Operated Schedule, fill out the following:
      1. Total Acres Cash Rented
         1. Average Rent
         2. Total number of landlords
      2. Total Acres Crop Shared
         1. Total number of landlords
      3. Total Acres Owned
4. Tell us what makes your operation unique.
   1. Do you have any specialty crops? (i.e. seed corn, non GMO, seed beans)
   2. Livestock? *If yes, list type, operation type, daily rate of grain, income type*
   3. Do you have forward contracting opportunities with grain or livestock? (i.e. food processor, livestock integrator) If so, please list in the area below.
   4. List any discount purchasing opportunities that you have (i.e. family farms, land lords, seed sales).
   5. List any alliances, mentors, personal or business-related relationships or networking arrangement directly tied to your operation

* Farm Goals

1. What are your short-term goals for the next 1-5 years?
2. What is your realistic vision and long-term (5-30 years) goals for this farming operation (growth, diversification, etc.)?
3. Is there a transition plan within your operation (i.e. machinery buyout)?

* Management Skills

1. What **financial management** skills have you obtained to run a successful operation?
2. My education includes:
   1. High School Degree
   2. College Degree
   3. Specialized Training
   4. Other Education (please specify)
3. I have taken the following courses/programs…
4. Please list agricultural-related organizations you are a member of and the number of years you have been involved:
5. Have you attended Farm Credit courses? If so, please list below:
6. Other financial skills include:
7. What **production** skills have you obtained to run a successful operation?
   1. My on-farm experience includes:
   2. I utilize the following farming practices:
   3. Efficiencies that my operation has include:
   4. Other:

* Risk Management

1. Describe the following:
   1. My operational strengths:
   2. My operational weaknesses:
   3. Opportunities available for my operation:
   4. Threats to my operation:

* Marketing Strategy

1. Do you have a written marketing strategy? *If yes, please attach your written strategy.* 
   1. If no, my unwritten strategy includes:
2. Does your operation have on-farm storage?
   1. If yes, how many bushels?
3. My marketing advisers include:
4. My goal is to forward sell \_\_\_\_\_\_\_% of my crop by \_\_\_\_\_\_\_\_\_\_\_\_\_
   1. How do you plan on achieving this goal?

* Insurance Coverage

1. Liability and Facility Coverage
   1. Current Coverage, No Coverage or Planned Coverage
   2. Carrier
   3. Agent
   4. Policy
   5. Coverage Type & Level
2. Crop Insurance Coverage
   1. Current Coverage, No Coverage or Planned Coverage
   2. Carrier
   3. Agent
   4. Policy
   5. Coverage Type & Level
3. Medical/Personal Insurance Coverage
   1. Current Coverage, No Coverage or Planned Coverage
   2. Carrier
   3. Agent
   4. Policy
   5. Coverage Type & Level
4. Medical/Personal Insurance Coverage
   1. Current Coverage, No Coverage or Planned Coverage
   2. Carrier
   3. Agent
   4. Policy
   5. Coverage Type & Level

* Off-Farm Income & Family Living

1. Do you and/or your spouse work off farm?
2. Describe any non-farm employment and how long it will continue:
   1. Job Title Description(s):
   2. Salary, Hourly, Commission or Seasonal? Income Amount?
3. What are your living expenses? *This figure includes (i.e. house payment, vehicles, food, utilities, etc.) A detailed family living cash flow template/example is located at www.farmcreditil.com*
   1. Total monthly living expenses $\_\_\_\_\_\_\_\_

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