FreshRoots Subsequent Business Plan

Name:

Email Address:

Date:

**Answer the questions below to reflect any updates/changes since your previous Business Plan was submitted to FCI.**

* What purchases, sales, trades, etc. have you made? Complete the applicable tables below.

**Machinery Purchased:**

|  |  |  |
| --- | --- | --- |
| **Model Year of Machinery** | **Item Purchased** | **Purchase Price** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Machinery Sold or Traded:**

|  |  |  |
| --- | --- | --- |
| **Model Year of Machinery** | **Item Sold/Traded** | **Sales Price/Trade Value** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Real Estate Purchased:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Acres** | **Number of Tillable Acres** | **Purchase Price** | **County** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Real Estate Sold:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Acres** | **Number of Tillable Acres** | **Sales Price** | **County** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Capital Improvements (i.e. grain bins, machine shed, etc.):**

|  |  |  |
| --- | --- | --- |
| **Storage Capacity/Building Measurements** | **Item Purchased** | **Purchase Price** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* Please describe any changes to your farm operation.
  + Have you picked up or lost acres? If so, how many and in what form (cash rent, crop share, etc.)?
  + Any changes to your livestock operation?
  + Do you have a transition plan in place? Are there any updates on this status? (machine buyout, takeover farm operation, etc.)?
* Are there any changes to your off-farm income? What is your estimated income for the year?
* Are there any changes to your family living costs? (i.e. marital status, number of dependents, additional non-farm debt?)
* Did you attend any Farm Credit College courses or other educational courses/conferences within the last year? If so, please list below.
* Any additional comments on your operation, goals, or other updates from your previous business plan?
* What is your current Insurance Coverage?
  + Liability and Facility Coverage

Current coverage No coverage Planned coverage

Carrier:

Agent:

Policy:

Coverage Type & Level:

* + Crop Insurance Coverage

Current coverage No coverage Planned coverage

Carrier:

Agent:

Policy:

Coverage Type & Level:

Would you be willing to discuss crop insurance with FCI?

Yes No  N/A

* + Medical/Personal Insurance Coverage

Current coverage No coverage Planned coverage

Carrier:

Agent:

Policy:

Coverage Type & Level:

* + Life Insurance Coverage

Current coverage No coverage Planned coverage

Carrier:

Agent:

Policy:

Coverage Type & Level: