



**Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Business Plan**  
**Date:** \_\_\_/\_\_\_/\_\_\_

## Capital Request

Loan request amount:

Term requested:

Loan request purpose:

Payment frequency:

Detail how the loan proceeds will be utilized in your operation:

How will you utilize the loan proceeds to contribute to the overall success or growth of your operation?

Outside of lending, what are your expectations of Farm Credit and the Growing Forward Program, and the role they will play in your operation's future success?

## Business Overview

Please provide an overview for the future of your operation using both short and long-term goals:

Briefly describe your background in agriculture. What skills, knowledge, and passion do you bring to your industry?

Describe the strengths of your operation:

Describe potential threats, weaknesses, or opportunities for growth:

How do you evaluate risk on your operation? What is your risk appetite and how do you mitigate risks associated with your operation?

Capital expenditures might include purchasing replacement or new equipment, buildings and structures, or purchase of other tangible assets to help sustain, improve, or expand operations. What are your plans, if any, for capital purchases in the short and long term?

What is the ownership structure of your operation and who is the primary decision-maker? Describe your operation's support system and list any family or informal partnerships, networks, or alliances:



## Marketing Strategy

|  |                                    |  |
|--|------------------------------------|--|
| <p>Do you utilize a marketing program and/or strategy?</p> | <p><b>Yes</b></p> <p><b>No</b></p> | <p>If <b>Yes</b>, describe strategy.</p> <p>If <b>No</b>, describe other alternative marketing strategies or opportunities in consideration.</p> |
|--|------------------------------------|--|

Describe how product is sold

## Competitive Advantage

How will you remain competitive in the marketplace? Describe anticipated obstacles and plans for overcoming these obstacles:

## Insurance Selections

**Liability and facility coverage**

|                  |             |                  |
|------------------|-------------|------------------|
| Current coverage | No coverage | Planned coverage |
| Carrier          |             | Agent            |
|                  |             | Policy Coverage  |

**Crop insurance coverage**

|                  |             |                  |
|------------------|-------------|------------------|
| Current coverage | No coverage | Planned coverage |
| Carrier          |             | Agent            |
| Policy Coverage  |             | Coverage Level   |

## Contingency Plan

What happens if you become sick or disabled? How will you adapt your operation, or adjust income or expenses, if you have extenuating circumstances such as crop failure, weather, or other disasters?

## Additional Information

Please provide any additional information you feel is relevant to your overall operation that was not discussed above:



Name/Business Name: \_\_\_\_\_

Projected Annual  
Cash Flow

Projection Year: \_\_\_\_\_

**Farm Income**

|                             |       |
|-----------------------------|-------|
| Crop                        | _____ |
| Market Livestock            | _____ |
| Breeding                    | _____ |
| Livestock Forage            | _____ |
| Other Agricultural Products | _____ |
| Government Payment Income   | _____ |
| Custom Hire Income          | _____ |
| Other Farm Income           | _____ |
| <b>Gross Farm Income</b>    | _____ |
| Less Purchases for Resale   | _____ |
| <b>Gross Farm Margin</b>    | _____ |

**Farm Expenses**

|                            |       |
|----------------------------|-------|
| Car and Truck              | _____ |
| Chemical                   | _____ |
| Conservation               | _____ |
| Custom Hire                | _____ |
| Depreciation               | _____ |
| Employee Benefits          | _____ |
| Feed                       | _____ |
| Fertilizer                 | _____ |
| Freight                    | _____ |
| Fuel                       | _____ |
| Insurance                  | _____ |
| Interest                   | _____ |
| Labor                      | _____ |
| Rent                       | _____ |
| Repairs                    | _____ |
| Seed                       | _____ |
| Storage                    | _____ |
| Supplies                   | _____ |
| Taxes                      | _____ |
| Utilities                  | _____ |
| Veterinary                 | _____ |
| Other Farm Expenses        | _____ |
| <b>Total Farm Expenses</b> | _____ |

**Net Farm Income (Gross Farm Margin - Total Farm Expenses)** \_\_\_\_\_

**Nonfarm Income**

|                             |       |
|-----------------------------|-------|
| Wages                       | _____ |
| Retirement                  | _____ |
| Other Nonfarm Income        | _____ |
| <b>Total Nonfarm Income</b> | _____ |

**Nonfarm Expense**

|                              |       |
|------------------------------|-------|
| Depreciation                 | _____ |
| Interest                     | _____ |
| Other Nonfarm Expense        | _____ |
| <b>Total Nonfarm Expense</b> | _____ |

**Net Nonfarm Income** \_\_\_\_\_

**Other Information**

Living Expense Estimation \_\_\_\_\_