

# Wholesale Readiness Application

\* Indicates required question

---

1. Email \*

---

## Section 1: Basic Contact Information

2. Name of Farm/Organization \*

---

3. Contact Person's full name and title \*

---

4. Contact Person's Email Address \*

---

5. Contact Person's Phone Number \*

---

6. Physical Office Address \*

---

7. Billing/Mailing Address (if different from physical address)

---

8. Date (month/year) the farm/organization was formed \*

---

9. Website (if you have one)

---

10. Cell Phone (if different from work phone)

---

11. Secondary Contact Name and title \*

---

12. Secondary Contact Phone Number \*

---

13. Secondary Contact Email \*

---

14. Who is responsible for invoicing and payment? \*

*Mark only one oval.*

☐ Primary

☐ Secondary

15. Do you aggregate products from multiple farm vendors? (if no, skip Section 2 and continue with Section 3)

*Mark only one oval.*

☐ Yes

☐ No

## Section 2: Organizations Representing Multiple Farms

16. Please describe the services the organization provides to the farmers it represents:

---

---

---

---

---

17. Projected number of FTE employees at organization (peak season):

---

18. Projected number of farms (total) represented by/belonging to organization:

---

19. Please fill out the following about the farms represented by/belonging to organization intending to sell to institutions: Farm Name, Farm Owner/Operator, Farm Physical Address:

---

---

---

---

---

## Section 3: Farm Information

20. Number of seasons farm/org has been selling produce \*

---

21. Farm/org's total gross fresh produce in sales (in dollar value) for your last growing season: \*

*Check all that apply.*

- ☐ \$10,000 - \$25,000  
☐ \$25,000 - \$100,000  
☐ \$100,000 - \$500,000  
☐ \$500,000 - \$1,000,000  
☐ \$1,000,000 +

22. What is the approximate dollar value of produce farm/org would like to sell to institutions in the next year? \*

---

23. Does your farm have any certifications related to on-farm sustainability practices, fair labor practices, and animal welfare? Check all that apply:

*Check all that apply.*

- ☐ Certified Naturally Grown  
☐ Certified Organic  
☐ Biodynamic  
☐ Grass-Fed  
☐ Fair Trade  
☐ Kosher  
☐ Halal  
☐ Non-GMO  
☐ Other: 

---

24. Did farm(s) have third-party approved GAP audit valid during the past growing season? Yes or no - If Yes, please list specific GAP certified produce items and skip to Section Four. \*

---

25. Does farm have a draft of a Food Safety Plan?

*Mark only one oval.*

☐ Yes

☐ No

26. Does farm keep logs or documentation of food safety related information?

*Mark only one oval.*

☐ Yes

☐ No

27. Describe the delivery vehicle that will make most or all deliveries to institutions. Please note if truck is refrigerated.

---

---

---

---

---

28. Has farm had a water test performed in the past year with passing results for generic E. coli?

*Mark only one oval.*

☐ Yes

☐ No

29. Will farm have product liability insurance coverage of at least \$1 million for 2023?

*Mark only one oval.*

☐ Yes

☐ No

30. Describe the farm/orgs traceability process. How will you be able to identify and trace all produce provided to buyers? \*

---

---

---

---

---

#### Section 4: Experience & References

Has the farm/org sold produce to a school/school district or large institution/wholesale buyer (such as colleges, grocery stores, hospitals, food security organizations or produce companies) in the past two years? If so, please fill out the following:

31. Name of organization. When did you sell to them? Which item(s) did you provide?  
Average order size  
(dollar value)?

---

32. Please list contact information for two references representing customers from within the past two seasons who are familiar with your farm/organization.

---

---

---

---

---

### Section 5: Identity

33. What is your age? \*

*Mark only one oval.*

☐ Under 25

☐ 26-35

☐ 36-45

☐ 46-55

☐ 56-65

☐ 66+

34. Do you identify your business as being run by a member of the LGBTQ community? \*

*Check all that apply.*

- ☐ Yes
- ☐ No
- ☐ Other: \_\_\_\_\_

35. Are you of Hispanic, Latino, or of Spanish origin? \*

*Check all that apply.*

- ☐ Yes
- ☐ No
- ☐ Other: \_\_\_\_\_

36. How would you describe yourself? \*

*Check all that apply.*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other: \_\_\_\_\_

37. What is your preferred gender identity? \*

\_\_\_\_\_



38. What is the highest level of school you have completed or the highest degree you have received? \*

*Mark only one oval.*

- ☐ Less than High School
- ☐ High School degree or equivalent (GED)
- ☐ Some college but no degree
- ☐ Associate degree
- ☐ Bachelor degree
- ☐ Graduate degree

### Section 6: Mission & Values

39. What is the farm/orgs mission? \*

---

---

---

---

---

40. How many acres do you farm? Do you own or lease? Do you have off-farm income? \*

---

41. Distance of your physical farm from Madison \*

---

42. Are you a first or second/third generation farmer? \*

---

43. Please describe in detail the farm/orgs commitment to sustainable growing practices. \*

---

---

---

---

---

44. REAP values equity and diversity. How does the farm/org support or demonstrate Supplier Diversity (where you procure supplies) and Employee Diversity (employees/owners)? \*

---

---

---

---

---

45. The COVID-19 pandemic has significantly impacted our food system and industry – including food production, distribution, and operations. How has your farm/org been affected during this time, and how have you responded? \*

---

---

---

---

---

Sign the REAP Pledge

---

This content is neither created nor endorsed by Google.