DAFNE MANSAPIT- SHIMIZU, Director Direktot MICHELE B. SANTOS, Deputy Director Sigundo Direktot

**GOVERNMENT OF GUAM** 

**Gubetnamenton Guåhan** 

## **CRITERIA FOR FARMERS/FISHERMEN**

| N/ | AME:   |  |        |  |  |
|----|--|--|--------|--|--|
| 1. | TYPE OF ACTIVITY:                                |  |        |  |  |
| 2. | TOTAL INVESTMENT IN ACTIVITY:                    |  |        |  |  |
|    | (A) CASH   |  |        |  |  |
|    | (B) LAND   |  |        |  |  |
|    | (C) EQUIPMENT                                    |  |        |  |  |
|    | (D) OTHER  |  |        |  |  |
| 3. | YEARS IN EXPERIENCE IN ACTIVITY:                 |  |        |  |  |
| 4. | HOURS IN WEEK DEVOTED TOWARD ACTIVITY:           |  |        |  |  |
| 5. | WEEKS IN Y                                       | WEEKS IN YEAR DEVOTED TOWARD ACTIVITY: |        |  |  |
| 6. | DOES YOUR LIVELIHOOD DEPEND UPON ACTIVITY? (Y/N) |  |        |  |  |
| 7. | OTHER UNRELATED INCOME:                          |  |        |  |  |
|    |  | TYPE                                   | AMOUNT |  |  |
|    |  |  |        |  |  |
|    |  |  |        |  |  |
|    |  |  |        |  |  |
|    |  |  |        |  |  |
| 8. | LOCATION OF ACTIVITY:                            |  |        |  |  |
|    |  | ·····                                  |        |  |  |
| 9. | DESCRIPTION                                      | ON OF ACTIVITY:                        |        |  |  |
|    |  |  |        |  |  |
|    |  |  |        |  |  |
|    |  |  |        |  |  |
|    |  |  |        |  |  |
|    |  |  |        |  |  |
|    | SIGNATURE  | <u> </u>                               | DATE   |  |  |