



PRODUCER RENEWAL FAIR SYSTEMS PLAN (FSP) UPDATE

Instructions: Please complete this form and disclose which aspects of your operation that have changed since your previous AJP FSP was submitted and approved. Please provide an explanation for each issue as needed and instructed throughout the form.

BASIC INFORMATION

Name of Certified Operation:

Operation #:

Operation's Annual Update/Renewal Date:

Date this form completed:

Contact information for person completing this form.

Name:

Phone:

Email:

2022 gross income:

2022 gross sales:

SECTION 1 (Corresponds to Section 1 of AJP Producer FSP)

Have there been any changes in the certification contact, billing contact, parcel location, or legal description?

Yes No

Have there been any changes in the physical location, the number of parcels?

Yes No

Have there been any changes in your certifications?

Yes No

Have there been any changes in your operation's legal structure or owners?

Yes No

Do you own/co-own any businesses that you did not own last year?

Yes No

Have there been any changes in the types of production or processing you do on the operation?

Yes No

Have there been any changes in products or ingredients you purchase from outside the operation to resell (this does not refer to inputs)?

Yes No

Have there been any other changes to information in SECTION 1 of the AJP FSP?

Yes No

If you checked yes to any of the above, please provide an explanation of the changes from last year and attach explanation to this form. You may be required to fill out the corresponding section of the full FSP.



SECTIONS 2&3 (Corresponds to Sections 2&3 of AJP Producer FSP)

Have there been any changes to producer/buyer agreements?

Yes No

Have there been any changes in the buyers that you sell to?

Yes No

Have there been any other changes to information in SECTIONS 2 or 3 of the AJP FSP?

Yes No

If you checked yes to any of the above, please provide an explanation of the changes from last year and attach explanation to this form. You may be required to fill out the corresponding section of the full FSP.

SECTION 4 (Corresponds to Section 4 of AJP Producer FSP)

Not Applicable (no hired labor)

Have there been any changes in the number of employees working for you?

Yes No

Have there been any changes in the employee positions on the operation?

Yes No

Have there been changes in the individuals filling the positions on the operation (promotions, demotions, new hires, layoffs, terminations, resignations, etc.)?

Yes No

Have you hired any workers through a labor contractor or indirectly since you last submitted your AJP certification FSP?

Yes No

Do you intend to or have you changed your workers housing conditions and/or policies?

Yes No

Have there been any other changes to information in SECTION 4 of the AJP FSP?

Yes No

If you checked yes to any of the above, please provide an explanation of the changes from last year and attach explanation to this form. You may be required to fill out the corresponding section of the full FSP.



SECTION 5: LIST OF EMPLOYEES & INTERNS

Provide the following information regarding each employee over the age of 18 (regardless of immigration status), who works or has worked on the operation during the past year. List the entire operation's personnel including ALL employees who were fired, quit, or were laid off in the past year. Also include labor supervisors, employees, office staff, negotiators, temporary (no matter how temporary) and permanent employees, and members of the operation's family who work on the operation and/or receive cash or check for work on the operation, contracted labor – through labor contractor or crew leaders, interns and apprentices. Copy and attach an additional blank form if necessary.

5.1. NAME OF EMPLOYEE	5.2. AGE	5.3. LANGUAGES SPOKEN BY EMPLOYEE	5.4. INTERN ("X" IF YES) IF YES: FILL OUT ATTACHMENT D	5.5. POSITION (MACHINE OPERATOR, SUPERVISOR, FIELD EMPLOYEE, ETC.)	5.6. NATIONALITY	5.7. INITIAL STARTING WAGE	5.8. CURRENT WAGE	5.9. SEASONAL EMPLOYEE	5.10. NUMBER OF SEASONS/ YEARS WORKING AT OPERATION	5.11. HEALTH AND SAFETY TRAINING RECEIVED (TRACTOR, CHEMICAL USE, ETC.)	5.12. LIVING IN PRODUCER - PROVIDED HOUSING IF YES: FILL OUT ATTACHMENT A.	5.13. IF LIVING IN PRODUCER PROVIDED HOUSING- AMOUNT CHARGED?	5.14. WORK ENDED?	For certifier use: Interviewed at inspection
			<input type="checkbox"/> yes <input type="checkbox"/> Attached D			yr started wage then		<input type="checkbox"/> yes <input type="checkbox"/> no	seasons/ years		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/>
			<input type="checkbox"/> yes <input type="checkbox"/> Attached D			yr started wage then		<input type="checkbox"/> yes <input type="checkbox"/> no	seasons/ years		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/>
			<input type="checkbox"/> yes <input type="checkbox"/> Attached D			yr started wage then		<input type="checkbox"/> yes <input type="checkbox"/> no	seasons/ years		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/>
			<input type="checkbox"/> yes <input type="checkbox"/> Attached D			yr started wage then		<input type="checkbox"/> yes <input type="checkbox"/> no	seasons/ years		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/>
			<input type="checkbox"/> yes <input type="checkbox"/> Attached D			yr started wage then		<input type="checkbox"/> yes <input type="checkbox"/> no	seasons/ years		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/>
			<input type="checkbox"/> yes <input type="checkbox"/> Attached D			yr started wage then		<input type="checkbox"/> yes <input type="checkbox"/> no	seasons/ years		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/>



SECTION 6 (Corresponds to Section 6 of AJP Producer FSP)

Have there been any changes to the labor contract, agreement, or employee/personnel manual?

Yes No

Have there been any changes in your employment of employees under the age of 18?

Yes No

Do you intend to hire any employees under the age of 18 this year?

Yes No

Have you had any labor violations since last's years FSP was submitted?

Yes No

Have there been any changes made to your operation's grievance process in the past year?

Yes No

Have any complaints been submitted to the operation owner/manager or supervisors by an employee in the past year?

Yes No

Have any workers been fired/hired/laid off or quit in the past year?

Yes No

Have there been any other changes to information in SECTION 6 of the AJP FSP?

Yes No

If you checked yes to any of the above, please provide an explanation of the changes from last year and attach explanation to this form. You may be required to fill out the corresponding section of the full FSP.

SECTION 7 (Corresponds to Section 7 of AJP Producer FSP)

Do you intend to or have you changed your procedures or content for worker training?

Yes No

Have there been any other changes to information in SECTION 7 of the AJP FSP?

Yes No

If you checked yes to any of the above, please provide an explanation of the changes from last year and attach explanation to this form. You may be required to fill out the corresponding section of the full FSP.

If you have hired new workers in the past year, have these workers been trained on their rights under AJP, legal rights and on health and safety on the operation?

Yes No

Have they received the AJP worker rights pamphlet?

Yes No



SECTION 8 (Corresponds to Section 8 of AJP Producer FSP) Do

you pay any workers less than a living wage?

Yes No

Are there any changes to the wages and benefits on the operation?

Yes No

Have there been any other changes to the information in SECTION 8 of the AJP FSP?

Yes No

If you checked yes to any of the above, please provide an explanation and attach the explanation to this form. You may be required to fill out the corresponding section of the full FSP.

SECTION 9 (Corresponds to Section 9 of AJP Producer FSP)

Have there been any changes to your operation's health and safety plan or policies?

Yes No

Have there been any accidents on the operation in the last year?

Yes No

Have there been any other changes to the information in SECTION 9 of the AJP FSP?

Yes No

If you checked yes to any of the above, please provide an explanation and attach the explanation to this form. You may be required to fill out the corresponding section of the full FSP.

SECTION 10

I agree to uphold the AJP Standards (including but not limited to):

- Maintain respect and dignity in working relationships on the operation and with buyers
- Assert my rights as a producer to freedom of association and to respect those rights for my employees
- Keep my farm operation a safe and healthy place to work
- Be transparent in workplace expectations and needs
- Work to provide living wages and fair benefits for workers
- Protect children on the operation
- Not discriminate based on race, creed, national or ethnic origin, nationality, gender, gender identity, age, handicap or disability (including HIV status), union or political activity, immigration status*, citizenship status, marital status or sexual orientation.
- Terminate/discipline workers only for just cause
- Include in my production costs living wages for myself and my employees, and
- Continually push to improve the quality of my operation and conditions of work on the operation.

I agree to all in the list above

**This standard does not restrict an employer from complying with legally required procedures such as in the USA I-9 verification procedures.*



SECTION 11

Having reviewed your continual improvement plan, describe the ways in which your operation has improved in the past year related to the principles of the AJP standards:

If improvements planned were not accomplished, please describe any efforts that have been made:

Why these efforts were not successful:

A revised continual improvement plan for employment practices for next year:

Please describe any optional standards (those in the Standards document that are in italics) that you choose to implement:

I have answered yes to at least one question in the following sections:

- SECTION 1..... explanation attached
- SECTION 2..... explanation attached
- SECTION 3..... explanation attached
- SECTION 4..... explanation attached
- SECTION 5..... explanation attached
- SECTION 6..... explanation attached
- SECTION 7..... explanation attached
- SECTION 8..... explanation attached
- SECTION 9..... explanation attached



SECTION 12: Affirmation

This affidavit is submitted as part of the annual update for the named operation, in order to allow the AJP certifier to assess the ongoing compliance of the certified operation with the Agricultural Justice Project standards. I have reviewed each of the aspects of the FSP previously submitted for AJP certification against the questions listed above and attest that each of the answers submitted is correct and true. For each of the sections in which I have checked “Yes” I have attached the corresponding explanation.

I have read the AJP Standards for farms, and I understand that this FSP is not inclusive of all the standards that I agree to comply with as part of Food Justice Certification. I understand that those standards not addressed in the FSP are addressed in the inspection, public consultation, and complaints processes.

I recognize that certification under the AJP standards creates a continuing obligation to provide updates to my certifier of changes, additions, and deletions to the operation. By signing this affidavit, I further attest that I am either the principal or agent of the operation, authorized to conduct business, make representations, enter into contracts and otherwise conduct business on behalf of the operation for the purposes of Food Justice Certification as a responsibly connected person.

I consent and agree to the foregoing, and that the responses provided by me are true, correct, and complete:

NOTE: The name of the signing party must be the same as the Certification Contact listed in SECTION 1 on file or as updated and attached to this affidavit.

Name and Title:

Date:

Signature: