

**Iowa Farm & Food Production
Interview Consent Form**

This interview is being conducted on behalf of researchers at Iowa State University, The University of Northern Iowa, and the University of Texas-Arlington. These researchers seek to better understand how Iowa producers think about their current activities and potential changes to integrate or increase production of food crops in their existing operations. This interview is part of an NSF-sponsored research study focused on analyzing and enhancing local systems in Des Moines and surrounding central Iowa counties.

Please read the following carefully before signing this consent form:

- I agree to participate in a 90-minute phone interview, which will be conducted by project staff. I understand that this discussion will focus on farming and food production practices.
- I understand that my participation is voluntary and that all information gathered will be held in confidence.
- I understand that this interview may be audio recorded and transcribed to help facilitate obtaining an accurate understanding of the comments made in this discussion, but that my identity will not be recorded. I will be informed in advance if recording is to take place. Any audio recordings will be destroyed upon completion of the project.
- I understand that my identity will be kept confidential and will not be disclosed in any anyone outside of the research team.

If you have any questions about this study or your participation, please contact project staff at emmalven@iastate.edu or by calling (515) 294-1110.

If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (515) 294-4566, IRB@iastate.edu, or Director, (515) 294-3115, Office for Responsible Research, Iowa State University, Ames, Iowa 50011.

PARTICIPANT CONSENT

Please mark the appropriate statement below.

- YES, I AGREE** to participate in this 90-minute interview.
 No, I do not wish to participate.

Please type or sign your full name below.

Your electronic signature shows that you voluntarily agree to take part in this study, that the study has been explained to you, you have been given time to read the document, and your questions have been satisfactorily answered.

Full Name (Please type or sign below)

Date
