**Headwaters Incubator Program Application Form**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | | | | | |
| Full Name: | | | |  | | | |  | |  |
| *Last* | | | | | | | | *First* | | *M.I.* |
| Address: | |  | | | | | | | |  |
|  | | | *Street Address* | | | | | | | *Apartment/Unit #* |
|  | |  | | | | | | |  |  |
|  | | | *City* | | | | | | *State* | *ZIP Code* |
| Home Phone: | | | | |  | Cell: |  | | | |
| Email: |  | | | | | | | | | |
|  | | | | | | | | | | |
| **Farm Information** | | | | | | | | | | |
| *Please answer the following questions. If you choose to fill out this application non-electronically attach additional sheets of paper as necessary.*   |  | | --- | | 1. Briefly summarize your proposed agricultural operation. | |  | | | | | | | | | | | |

|  |
| --- |
| 1. What is your agricultural background? |
|  |

|  |
| --- |
| 1. How much land are you requesting? Please provide a general breakdown of how you intend to use the space. |
|  |

|  |
| --- |
| 1. What farming goals can the Headwaters Incubator Program help you achieve? |
|  |

|  |
| --- |
| 1. Do you have experience working with farm machinery, equipment, or infrastructure? If so, please elaborate. |
|  |

|  |
| --- |
| 1. What farm equipment, infrastructure, resources, or services will you need to be successful? |
|  |

|  |
| --- |
| 1. What farm tools, equipment, or resources do you already own or plan to provide for yourself? |
|  |

|  |
| --- |
| 1. How many hours per week are you willing to commit to your farming endeavor? |
|  |

|  |
| --- |
| 1. How do you plan to sustain yourself financially while you are building your new farm business? What contingency plan do you have to supplement your farm income? |
|  |

|  |
| --- |
| 1. Have you reviewed the most recent Farmer’s Manual ([emswcd.org/farm-incubator/incubator-program-info/](http://emswcd.org/farm-incubator/incubator-program-info/))? What guidelines, costs, and program expectations would be the most challenging for you? |
|  |

|  |
| --- |
| 1. What personal qualities or skills do you possess that would help you to be a successful farmer? |
|  |

1. How did you hear about the Headwaters Incubator Program?

|  |
| --- |
|  |

1. Do you or anyone else involved in the proposed farm business belong to one or more groups that are traditionally under- or unserved (e.g., communities of color, low income, LGBTQ)? Does your proposed farm business intend to serve traditionally under- or unserved groups? Please explain.

|  |
| --- |
|  |

1. Please provide three references:

|  |  |  |
| --- | --- | --- |
| **Name** | **Title / Relationship to Applicant** | **Phone/Email** |
|  |  |  |
|  |  |  |
|  |  |  |

*I certify that the above information is, to the best of my knowledge, accurate and true:*

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature: |  | Date: |  |

*Please email or mail your* ***1) application*** *(this form),* ***2) farm business plan****,**and* ***3) resume*** *to:*

Attn: Rowan Steele

East Multnomah Soil and Water Conservation District

5211 N. Williams Ave., Portland, OR 97217

503.935.5355 / [rowan@emswcd.org](mailto:rowan@emswcd.org)

***Application packets are due to the District Office by Monday, October 31st at 5pm.***