**Headwaters Incubator Program Application Form**

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| **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.*

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| 1. Briefly summarize your proposed agricultural operation.
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| 1. What is your agricultural background?
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| 1. How much land are you requesting? Please provide a general breakdown of how you intend to use the space.
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| 1. What farming goals can the Headwaters Incubator Program help you achieve?
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| 1. Do you have experience working with farm machinery, equipment, or infrastructure? If so, please elaborate.
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| 1. What farm equipment, infrastructure, resources, or services will you need to be successful?
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| 1. What farm tools, equipment, or resources do you already own or plan to provide for yourself?
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| 1. How many hours per week are you willing to commit to your farming endeavor?
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| 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?
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| 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?
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| 1. What personal qualities or skills do you possess that would help you to be a successful farmer?
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1. How did you hear about the Headwaters Incubator Program?

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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.

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1. Please provide three references:

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| **Name** | **Title / Relationship to Applicant** | **Phone/Email** |
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*I certify that the above information is, to the best of my knowledge, accurate and true:*

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| 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

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