**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. What are your long-term farming goals? How do you see the Headwaters Incubator Program helping you achieve them?
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| 1. How much land are you seeking? Provide a general breakdown of how you propose to use the space.
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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. Do you have experience working with farm machinery, equipment, or infrastructure? If so, please elaborate.
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| 1. What farm tools, equipment, or resources do you already own or plan to provide for yourself? What other farm tools, equipment, infrastructure, resources, or services will you need to be successful?
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| 1. How many hours per week are you willing to commit to your farming endeavor? Is there seasonal variation in the amount of time you can allocate to farming?
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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, or program expectations would be the most challenging for you?
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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 un-served (e.g., communities of color, low income, LGBTQ)? Does your proposed farm business intend to serve traditionally under- or un-served groups? Please explain.

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

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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 Tuesday, October 31st at 5pm.***