**Headwaters Incubator Program Application Form**

**Only one application form is needed per farm. If a proposed farm business consists of multiple owners, only one point of contact is necessary. However, make sure to document all partner’s abilities and experiences. Provide a resume for each partner.**

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| **Applicant Information** | | | | | | | | | | | | | |
| Full Name: | |  | | | |  | | | |  | | |
|  | | | | | | |  | | | |  | | |
| Address: | |  | | | | | | | | | |  | | |
|  | | | *Street Address / Apartment/Unit #* | | | | | | | |  | | |
|  | |  | | | | | | |  | | |  | | |
|  | | | *City / State / Zip* | | | | |  | | |  | | |
| Phone: | |  | | Email: |  | | | | | | | |
| Farm Name: |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **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. | |  | | | | | | | | | | | | | | |

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| 1. What is your background in agriculture? |
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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 to rent? Provide a rough breakdown for how you plan to use that 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 systems? If so, please elaborate. |
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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. Make sure to review 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 a racial or ethnic minority? Does your proposed farm business intend to serve these communities? Please explain.

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1. How did you learn 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:*

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

**Finished Application Packet Includes:**

***1) Application form*** (this document)

***2) Farm business plan*** (template available at: [emswcd.org/farm-incubator/application/](https://emswcd.org/farm-incubator/application/))

***3) Resume***for each owner of the farm

Email, mail, or drop off your application packet to:

Attn: Rowan Steele

East Multnomah Soil and Water Conservation District

5211 N. Williams Ave., Portland, OR 97217

503.939.0314 / [rowan@emswcd.org](mailto:rowan@emswcd.org)

***Application packets are due to EMSWCD by 5pm on October 31st***