**Headwaters Incubator Program Application Form**

**2024 Growing Season**

**Only one application form is needed per farm.** If an applying farm consists of multiple owners, list just the primary point of contact’s information below. However, please make sure to detail everyone’s farming skills and experiences in this form and provide a resume for each partner.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Information** | | | | | | | | | | | | |
| Full Name: |  | | | |  | | | |  | | |
|  | | | | | |  | | | |  | | |
| Address: |  | | | | | | | | | |  | | |
|  | | *Street Address / Apartment/Unit #* | | | | | | | |  | | |
|  |  | | | | | | |  | | |  | | |
|  | | *City / State / Zip* | | | | |  | | |  | | |
| Phone: |  | | Email: |  | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Headwaters Incubator Program Application Questions** | | | | | | | | | | | | |

*Please answer the following questions. You may do so in any of these ways:*

* ***Electronically***(PDF, Word, Google Document, or [from our website](https://emswcd.org/farm-incubator/application/))
* ***Fill it out by hand*** (Print or request a hard copy, attaching additional pages if necessary)

1. What is your Farm’s name?
2. Is your farm business already registered with the Oregon Secretary of State Corporation Division? If so, what is the business structure (LLC., sole proprietor, S-Corp, etc.)?
3. How much land are you seeking to rent at Headwaters Farm?
4. List the owners of this farm business. What is each person’s role and expected contributions?
5. Please summarize your proposed farm business (enterprises or crops, markets, scale, etc.).
6. Describe your background in farming and business?
7. Please describe the parts of a farm you have managed and your level of experience with each (for example, farm staff, irrigation, propagation, bookkeeping, crop planning, marketing, post-harvest).
8. What personal qualities do you possess that will help you to establish a viable farm and business?
9. What are the immediate financial goals for the farm (first year or two)? In five years, what is the personal income you need to make from the business for farming to be worth your while?
10. What are your quality of life goals to avoid burnout and help ensure that farming is sustainable?
11. Where will you sell your products? How will you access those markets?
12. What do you see as your niche or competitive advantage?
13. Even with the support and subsidies provided by HIP, launching a farm takes considerable time and capital. Our expectation is that incubator farmers will invest the appropriate effort and resources needed to be successful. How much time and money are you prepared to invest into a start-up farm business and how do you plan to sustain yourself financially until your farm can turn a profit?
14. What is your approach to managing weeds?
15. What is your approach to ensuring soil fertility and soil health?
16. Make sure to review the most recent Farmer’s Manual (<https://emswcd.org/wp-content/uploads/2023/01/2023-Farmers-Manual.pdf>)? What aspects of the program would be the most challenging for you?
17. Please provide a simple projected budget for Year 1 and Year 5 of your farm business showing expected revenue by enterprise (e.g., CSA, cut flowers, value added) and expected costs. You can use the budget template below or create your own. Approximate HIP costs can be found in the Farmer’s Manual: <https://emswcd.org/wp-content/uploads/2023/01/2023-Farmers-Manual.pdf>

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| --- | --- | --- |
| **Line Items in Farm’s Projected Budget** | **HIP Year 1**  **(your first year in the incubator program)** | **HIP Year 5**  **(your fifth year in the incubator program)** |
| **Income** |  |  |
| Enterprise 1 |  |  |
| Enterprise 2 |  |  |
| Enterprise 3 |  |  |
| Other Enterprises |  |  |
| **TOTAL Income (Gross Income)** |  |  |
|  |  |  |
| **Expenses** |  |  |
| Land Rental |  |  |
| HIP Facilities/Equipment Rentals |  |  |
| Other HIP Costs |  |  |
| Production Supplies (seed, row cover, fertilizer, t-posts, trellis, tarps, etc.) |  |  |
| Tools and Equipment |  |  |
| Sales, Marketing, & Outreach |  |  |
| Utilities & Fuel |  |  |
| Insurance & Certifications |  |  |
| Administration |  |  |
| Labor (the cost of hiring others) |  |  |
| Owners Draw (how much the owners pay themselves) |  |  |
| Capital Investments (items over $5k) |  |  |
| Other |  |  |
| **TOTAL Expenses** |  |  |
|  |  |  |
| **NET PROFIT** **(Income – Expenses)** |  |  |

1. Please provide one or two farm and/or business 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: |  |
| Applicant Signature: |  | Date: |  |
| Applicant Signature: |  | Date: |  |
| Applicant Signature: |  | Date: |  |

**A Complete Application Packet Includes:**

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

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

***3) Optional materials you may want to share:*** crop plan, cash flow budget, enterprise budgets, balance sheet, or other documents related to your farm or business

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| --- |
| **Submitting Your Application** |

You can e-mail, 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

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

503.939.0314

If you fill out the application on the webpage, it will submit automatically.

***Application packets will be accepted starting on October 1st and are due to EMSWCD no later than 5pm on November 30th***