**Headwaters Farm Business Incubator Program**

**Application for 2025 Growing Season**

**Only one application 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.

**Need assistance filling out the Headwaters Incubator Application?** Contact Rowan Steele to discuss what application support options might be available ([rowan@emswcd.org](mailto:rowan@emswcd.org) / 503.939.0314).

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

*Please provide the following information. 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 registered with the Oregon Secretary of State Corporation Division? What is—or will be—the business structure (LLC., sole proprietor, S-Corp, etc.)?
3. How much land are you seeking to rent at Headwaters Farm next year?
4. List the owners of this farm business. What is each person’s role and expected contributions?
5. Please summarize your proposed farm business and vision (enterprises/crops, markets, scale, etc.).
6. Describe each owner’s background in farming and business?
7. Please describe the relevant farm or business systems that you have **managed** (been a primary decision maker or overseer) and your level of experience with each. Examples might include farm crew oversight, irrigation, propagation, bookkeeping, crop planning, marketing, harvest, etc.
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 net income (profit) you need to generate from the farm business for farming to be worth your while?
10. Where will you sell your products? How will you access those markets?
11. What do you see as your niche or competitive advantage?
12. How much time can you commit per week to farming (include production, administration, sales, and all other aspects of running the business)?
13. How much capital (money) do you have available to start your farm business?
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/farm-incubator/farmers-manual/>. What offerings or services of the farm business incubator program do you believe will be most critical to your farm businesses’ success?
17. Using the template below or your own budget table, please provide a simple budget projection for Year 1 and Year 5 in the Headwaters Farm Business Incubator (HIP). This includes expected revenue by enterprise (e.g., CSA, cut flowers, restaurant sales, value add) and projected costs. Approximate HIP costs can be found in the [Farmer’s Manual](https://emswcd.org/farm-incubator/farmers-manual/). **Budgeting assistance available upon request**.

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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)** |
| **Amount of Land in Production (acres)** |  |  |
| **Income (specify your enterprises)** |  |  |
| 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. How did you learn about the Headwaters Farm Business Incubator Program?
2. Please provide two or three farm and/or business references:

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| --- | --- | --- |
| **Name** | **Title / Relationship to Applicant** | **Phone/Email** |
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| **Signing Your Application** |

*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) Optional materials you may want to provide:*** resume(s), crop plan, cash flow budget, enterprise budgets, balance sheet, or other information related to your farm, business, or experience

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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.

***Applications will be accepted between 8am on October 1st and 5pm on November 30th. Late applications cannot be accepted.***