

FARM BEGINNINGS

Application 2020-2021

Location: Online

Name (Primary Contact): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Ph#: (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (w) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we call you at work? Yes *or* No Best time to call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Farm Beginnings (please mark box and list a specific source)?

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Internet |  | Magazine |  | Newspaper |  | Conference/Event |  | Word-of-Mouth |  | Other |  |

Specific source in relation to above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you attended Farm Dreams? Yes or No

Will you be applying for a scholarship? Yes *or* No

Will you be applying for the MN Beginning Farmer Tax Credit (more info: <https://www.mda.state.mn.us/bftc>)? Yes or No

Do you have any special needs we should know of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Farming Partner): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ph#: (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (w) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EACH APPLICANT must answer the following questions. If you need more space, attach additional sheets.**

Why are you interested in farming?

What are you currently doing?

Please list ALL agricultural experience or training you have received so far (**include conferences, workshops, internships, employment, field days, farm tours, volunteer positions, etc…**)**:**

**The following questions can be answered JOINTLY, or SEPARATELY by both applicants:**

What are your future farming goals:

 1-5 years:

 5-10 years:

How do you think Farm Beginnings can help you move toward your farming goals?

What do you see as your biggest obstacle in starting your own farm enterprise?

Which farming enterprises are you considering (**Rank your top 3 choices by marking #1, #2, #3**):

dairy \_\_\_

beef \_\_\_

sheep \_\_\_

goats \_\_\_

hogs\_\_\_

crops & hay\_\_\_

vegetables \_\_\_

flowers \_\_\_

fruit \_\_\_

poultry \_\_\_

other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the statement that best describes your access to land for your current or future farming enterprises:

I do not have access to land. \_\_\_\_\_

I have access to rented land. \_\_\_\_\_

I own land. \_\_\_\_\_

Please list any additional questions or considerations you have about the Farm Beginnings program.

# PERSONAL ASSESSMENT

Rate Your Farming and Business Skill Levels

|  |  |  |
| --- | --- | --- |
| **No experience** | **Some Exposure** | **Competency** |
| **1** | **2** | **3** |

|  |  |
| --- | --- |
| **KNOWLEDGE & SKILLS** | **Rating (1,2,3)** |
| **Applicant 1** | **Applicant 2** |
| **Production** |  |
| Goal setting |  |  |
| Acquiring land (e.g., rent, lease, purchase) |  |  |
| Developing production, marketing & financial plans |  |  |
| Maintaining and repairing tools & equipment |  |  |
| Maintaining & repairing infrastructure |  |  |
| Managing soil fertility |  |  |
| Managing pests, weeds & diseases |  |  |
| Managing pastures |  |  |
| Feeding & watering animals |  |  |
| Monitoring & treating animal health problems |  |  |
| Managing manure |  |  |
| Preparing a crop production plan |  |  |
| Operating equipment & implements safely |  |  |
| Seeding, planting & harvesting |  |  |
| Post-harvest handling & storage |  |  |
| **Financial Management** |  |  |
| Setting up bookkeeping & record-keeping systems |  |  |
| Record keeping (e.g., financial, production, sales) |  |  |
| Preparing financial statements & tax forms |  |  |
| Bookkeeping; paying bills & taxes |  |  |
| Monitoring cash flow |  |  |
| Managing debt |  |  |
| Strategic planning |  |  |
| Grant research and/or fundraising |  |  |
| **Marketing** |  |  |
| Market research |  |  |
| Networking |  |  |
| Developing promotional materials and advertising |  |  |
| Proper communication with customers/buyers |  |  |
| Selling farm products & services |  |  |
| Web design and social networking |  |  |

# APPLICATION CHECKLIST

# *To streamline our application process, please refer to the following:*

# Farm Beginnings Application Packets can be completed and sent to: Annelie Livingston-Anderson

#  LSP Farm Beginnings Program

# N3239 County Rd CC

# Stockholm, WI 54769

**OR–email completed word document applications to** **annelie@landstewardshipproject.org**

# Only complete Application Packets (see checklist below) will be reviewed.

* **A $200 deposit is required (please make check out to Land Stewardship Project).**
* **The application deadline is POSTMARKED SEPTEMBER 15th.**
* **EARLY BIRD DISCOUNT of $100 will apply to applications received by August 15th.**
* **Applicants will be notified via e-mail or phone by or before October 15th of acceptance into the program.**
* **Applicants will be notified via e-mail or phone by October 15th of scholarship awards.**
* **Correspondence will be sent to the “primary” applicant only.**

|  |
| --- |
| **Does your Application Packet Include:** (make a checkmark to verify) |
|  | Farm Beginnings Application  |
|  | Personal Assessment |
|  | $200 Deposit Check |
|  | Scholarship Application forms (if applicable): |
|  | Statement of Need |
|  | 2 References\*\*for each applicant\*\* |
|  | 2019 Tax Return\*\*for each applicant, if not filed jointly\*\* |
|  | Net Worth Statement\*\*for each applicant\*\* |

***\*\*Please complete this checklist and include it with your application\****

**www.landstewardshipproject.org**