

# PLANT @ Breeze Farm Enterprise Incubator 2009 APPLICATION

## Guidelines:

1. To apply, send your complete application and the \$ 100 registration fee (check payable to Orange County Cooperative Extension) to: PLANT @ Breeze, c/o Orange County Cooperative Extension, POB 8181, Hillsborough, NC 27278. Applications are due December 20, 2008.
2. The registration fee will be non-refundable upon acceptance into the program.
3. All applicants may have a phone interview with one of the program facilitators. Up to two individuals in the same family or business can attend PLANT for each accepted application.

For more information, please contact Beverly Shuford at (919) 245-2050

## PRIMARY PARTICIPANT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_  
Best time to call: \_\_\_\_\_ May we call you at work? (Circle one) Yes No  
Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

How did you hear about PLANT @ Breeze? \_\_\_\_\_

Do you require a scholarship in order to participate in this incubator program? \_\_\_\_\_

Will a family member or business partner attend PLANT with you? (Circle one) Yes No

If yes, please complete the Partner's Information section below. If no, proceed to Question 1.

ADDITIONAL PARTICIPANT: Relationship to you: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address (if different from your own): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_

1. Why do you want to participate in this farm enterprise incubator program and what are your qualifications?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you currently farming? (Circle one) Yes No

If yes, please complete the Farm Information section below. If no, proceed to Question 4.

What is the name of your farm? \_\_\_\_\_  
How many years have you been farming? \_\_\_\_\_  
How many acres do you farm? \_\_\_\_\_  
What crops/livestock do you currently raise? \_\_\_\_\_

3. Describe your experience related to farming or farm planning and management, or other experience you feel relevant to your interest in farming.

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4. What farming enterprise(s) are you considering? (Please check all that apply.)

- |                                     |                                   |  |
|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Vegetables | <input type="checkbox"/> Sheep    | <input type="checkbox"/> Bees            |
| <input type="checkbox"/> Fruits     | <input type="checkbox"/> Goats    | <input type="checkbox"/> Aquaculture     |
| <input type="checkbox"/> Dairy      | <input type="checkbox"/> Chickens | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Beef       | <input type="checkbox"/> Flowers  | _____                                    |
| <input type="checkbox"/> Sheep      | <input type="checkbox"/> Grains   | _____                                    |
| <input type="checkbox"/> Pork       | <input type="checkbox"/> Herbs    | _____                                    |

5. Are you interested in:  Organic production practices only  
 Sustainable (using chemical treatments in limited ways)

6. What are your future goals and how do you think this program can help you?

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7. What do you see as your biggest obstacle in starting your own farm operation?

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8. After completing the PLANT program, when do you anticipate farming?  
 Immediately  Within 3 to 5 years  
 Within 1 to 3 years  Sometime after 5 years

9. Please provide ONE work references and ONE personal reference.

Work reference: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone (h): \_\_\_\_\_ (w) \_\_\_\_\_

Personal reference: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone (h): \_\_\_\_\_ (w) \_\_\_\_\_

**2009 WORKSHOP SELECTION** *Please indicate your workshop selection below.*

(Cost: \$100 for all 8 workshops; \$15 for any individual workshop) *Make checks payable to: Orange County Cooperative Extension.*

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|--|--|
| _____ Jan. 7 – Whole Farm Planning                     | _____ Feb. 4 – Insects & Diseases  |
| _____ Jan. 14 – Plants, Soils, Irrigation, & Equipment | _____ Feb. 11 – Weeds, Mulches, & Season Extension                             |
| _____ Jan. 21 – Planting, Harvesting, & Crop Rotations | _____ Feb. 18 – Enterprise Development, Recordkeeping,<br>Taxes, and Resources |
| _____ Jan. 28 – Marketing Opportunities & Challenges   | _____ Feb. 25 – Integrating Livestock into your Farm                           |