Aquaponics Farm & Service Application

FLY FISHING COLLABORATIVE

Applicant Contact Information

Name: _____ Phone: _____

Email: _____

Organization Information

Organization: _____ Location: _____

Website: _____

Street address: _____

Person completing this form: _____ (Name) _____(Title)

What is your role and how long have you had this role? _____

Please tell us about the location, staff and initiatives happening in this area: _____

_____

_____

_____

How would an aquaponics farm benefit your location/cause? _____

_____

In what ways would a farm directly benefit the kids? _____

_____

In what ways would it directly impact the community? _____

_____

Financial/Operations Information

What forms of infrastructure and management are in place to operate and maintain a running aquaponics farm? _____

_____

_____

Who will be in charge of the day to day operations? _____

_____

Do you have a current agricultural program in place? Please explain. (i.e. skills, training, staff) _____

_____

_____

Are you prepared to sponsor the investments required to build an aquaponics farm? _____

_____

What is the investment plan for year 1 operating costs? Subsequent years? _____

_____

_____

_____

_____

Who is dedicated to this aspect? _____

Who will manage operating costs, profits, purchases and dispersal of harvest yields? Check and balance?

_____

Site Specific Information

Who will run the farm? (Employees and/or volunteers) _____

What is the elevation of the project site?

Do you have a running water source at the location? Y/N

What type of water source is it? City Well Other: _____

What is the consistency of the water? _____

Is the property connected to a main power source or solar power? Please describe: _____

_____

What is the per kW utility cost? (if available) _____

How many days do you have sunlight? _____ How many hours per day? _____

What is the average temperature? _____(Highs) _____ (Lows)

Tell us about the climate and seasons: _____

_____

References

**Please list 3 field references*

1. Contact Name: _____ Organization: _____

   Email: _____ Phone #: _____

   Relationship: _____

2. Contact Name: _____ Organization: _____

   Email: _____ Phone #: _____

   Relationship: _____

3. Contact Name: _____ Organization: _____

   Email: _____ Phone #: _____

   Relationship: _____

Please list names and emails of any other people that should be advised as part of this decision making process:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____