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| DAD-BEBD-012.docs (rev. 01/2023)) | | | | | | | | | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Agricultural Development  2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911  Phone: 608.590.7239 | | | | | | | | | | | |
| FY2024 Buy Local Buy Wisconsin (BLBW) Grant Application | | | | | | | 93.48 Wis. Stats. | | | | | |
|  | | | | | | | | | | | | |
| FULL LEGAL NAME OF APPLICANT/BUSINESS | | | | | | | | | | |
| CONTRACT SIGNER NAME | | | | | | CONTRACT SIGNER TITLE | | | | |
| STREET ADDRESS | | | | | | CITY | | STATE  WI | | ZIP |
| MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS) | | | | | | CITY | | STATE  WI | | ZIP |
| PROJECT COORDINATOR | | | | | | PROJECT COORDINATOR TITLE | | | | |
| BUSINESS PHONE:  (   )     - | | E-MAIL | | | | | | | | |
| PROJECT TITLE(S) | | | | | | | | | | |
| COUNTY OF PROJECT LOCATION: | | | COUNTIES IMPACTED BY PROJECT WORK: | | | | | | | |
|  | | | | | | | | | | |
| Grant Request: $ | | | | Estimated Total Cost of Project: $ | | | | | | | |
| Project Start Date: | | | | End Date: | | | | | | | |
| Certification: I certify to the best of my knowledge that the information in this application is true and correct and that I am legally authorized to sign and submit this application on behalf of this organization, which is legally eligible to enter into a grant contract. | | | | | | | | | | | |
| AUTHORIZED SIGNATURE (TYPED SIGNATURE IS ACCEPTABLE) | | | | | TITLE | | | | DATE | |
|  | | | | | | | | | | |
| Market Category: Choose the appropriate market category/categories for which the proposed project applies:  Check all that apply | | | | | | | | | | |
| Direct Markets (Farmers Markets, CSA, etc.) | | | | | | | | | | |
| Retail Markets (Restaurant, Grocer, etc.) | | | | | | | | | | |
| Wholesale Markets (Distribution, Wholesales, etc.) | | | | | | | | | | |
| Institutional Markets (Schools, Hospitals, etc.) | | | | | | | | | | |

Completing this form is required to apply for a Buy Local Buy Wisconsin Grant Program Producer and Processor Grant. Personally identifiable information you provide may be used for purposes other than that for which it was collected. Wis. Stat. § 15.04(1)(m).

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| 2024 Buy Local Buy Wisconsin Project Narrative | | |
| Project Description The project description must include a summary of the project suitable for the public and should be limited to 500 characters. It should be a self-contained description of the project. (500 characters) | | |
|  | | |
| Project Category Choose the appropriate category for the proposed project. *Select all that apply* | | |
| Agricultural Tourism | | |
| Cooperative Development | | |
| Consumer Education | | |
| Distribution | | |
| Market Development | | |
| Processing | | |
| Producer Development | | |
| Other | | |
|  | | |
| Project Justification Describe the project need or opportunity. Describe market opportunities. Describe potential benefits to Wisconsin’s local food system. | | |
|  | | |
| Project Goal(s) and Objectives List the project goal(s) and the specific objectives necessary to meet goal(s). | | |
|  | | |
| Anticipated Project Outcomes Funded projects will be asked to report on economic development activity including: increased local food sales, new and/or retained jobs, new investment generated, new products developed, new markets, etc. List and describe anticipated project outcomes and describe how outcomes will be tracked and measured. | | |
|  | | |
|  | | |
| Work Plan Describe the major steps/activities needed to complete your project, who is responsible for the step, and the timeline for each step/activity. *(add/subtract lines as necessary)* | | |
| **Project Activity** | **Who** | **Timeline** |
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| Project Feasibility Describe project team and partner qualifications and experience that are relevant to this project. Include any relevant background, skills or business operations that demonstrate funding readiness and ongoing business operations. | | |
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| Support/Commitment This section should illustrate how the proposed project is either driven by or supported by local food producers and buyers. |
| Do you have buyers/markets committed to purchasing food products as a part of this proposed project? List them |
|  |
| Do you have producers/suppliers committed to selling food products as a part of this proposed project? List them |
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| Project Outreach Describe how project outcomes and information will be shared with the local food community. |
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| Total Project Budget (Match and Grant Request) | | | | | |
| A total grant up to $50,000 is available. Budget section (table and justification) is limited to 2 pages. | | | | | |
| Budget Table | | | | | |
| Salary, Wages and Fringe Benefits | | | | | |
| Position or Title | # of Hrs. | Hourly rate | Grant | Matching | Total Cost |
|  |  |  |  |  |  |
| Contract & Consulting Services | | | | | |
| Service Professional | # of Hrs. | Hourly rate | Grant | Matching | Total Cost |
|  |  |  |  |  |  |
| Travel | | | | | |
| Description | Method | Rate | Grant | Matching | Total Cost |
|  |  |  |  |  |  |
| Public Information (Media/brochures/mailings) | | | | | |
| Item Description | # of units | Unit Cost | Grant | Matching | Total Cost |
|  |  |  |  |  |  |
| Equipment rental | | | | | |
| Item Description | # of units | Unit Cost | Grant | Matching | Total Cost |
|  |  |  |  |  |  |
| Supplies & Materials | | | | | |
| Item Description | # of units | Unit Cost | Grant | Matching | Total Cost |
|  |  |  |  |  |  |
| Other (Describe) | | | | | |
| Item Description | # of units | Unit Cost | Grant | Matching | Total Cost |
|  |  |  |  |  |  |
| Total Costs | | |  |  |  |

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| Budget Justification Describe project expenses listed in the budget table above. Explain how each expense is necessary and how it will help achieve project goals (for ex. Increase sales). |
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