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| MK-DD-30 revised 3/1/18 | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Agricultural Development  2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911  Phone: (608) 224-5134 |
| Grow Wisconsin Dairy Processor Grant Application 2018  s [20.115(4)(dm)](http://docs.legis.wisconsin.gov/document/statutes/20.115(4)(dm)), Wis. Stats. | |

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| --- | --- | --- | --- | --- |
| FULL LEGAL NAME OF APPLICANT/BUSINESS | | | | |
| CONTRACT SIGNER NAME | | CONTRACT SIGNER TITLE | | |
| STREET ADDRESS | | CITY | STATE | ZIP |
| MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS) | | CITY | STATE | ZIP |
| PROJECT COORDINATOR | | PROJECT COORDINATOR TITLE | | |
| BUSINESS PHONE:  (   )     - | E-MAIL | | | |
| PROJECT TITLE(S) | | | | |

|  |  |
| --- | --- |
| Grant Request: $ | 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 |

Project Focus: Check all that apply

Dairy Plant Expansion

Dairy Plant Modernization

Dairy Processing Innovation

Food Safety/Audit Assistance

Dairy Plant Staff Training/Workforce Development

Other Dairy Processing Development: (Specify)

**2018 Dairy Producer Grant Application**

**Project Summary** Describe your project. Include why this project is important to your facility, steps/actions/

processes that will take place, and results/changes that will happen as a result of the project.

**Project Objective** Describe how your project will meet at least one of the following objectives:

Facilitate operational changes to the dairy processing plant,

Improve profitability of the dairy processing plant,

Improve the technical knowledge capacity at the dairy processing plant,

Model a new process or innovation in dairy processing, or

Demonstrate or test a system to address dairy plant waste water management.

**Project Potential Impact**

Describe how your project will benefit the dairy industry

**Work Plan  
 Describe the major steps/activities needed to complete your project**

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| **Project Activity** | **Who** | **Timeline** |
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**Estimated Total Project Budget (Match and Grant Request)**

A total grant up to $50,000 is available per dairy processor per year. The dairy processor is required to provide a match of at least 20% of the grant amount.

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| Budget Category | | | | | |
| Salary | | | | | |
| Position or Title | # of Hrs. | Hourly rate | Grant | Matching | Total Cost |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Consultant Services/Subcontractors | | | | | |
| Service Professional | # of Hrs. | Hourly rate | Grant | Matching | Total Cost |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Training Costs | | | | | |
| Course description or Title | # of Students | Course rate | Grant | Matching | Total Cost |
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|  |  |  |  |  |  |
| Equipment Lease or Rental, Supplies & Materials | | | | | |
| Item Description | # of units | Unit Cost | Grant | Matching | Total Cost |
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|  |  |  |  |  |  |
| Miscellaneous | | | | | |
| Item Description | # of units | Unit Cost | Grant | Matching | Total Cost |
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|  |  |  |  |  |  |
| Total Costs | | |  |  |  |

\*All matching funds must be proven with expense receipts, time sheets, or other means as would grant expenses

when requesting reimbursement.

Personally identifiable information you provide may be used for purposes other than that for which it was collected. (s. 15.04 (1) (m), Wis. Stats.)