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| MK-PR-217.docx 08/18 |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Agricultural DevelopmentPO Box 8911, Madison, WI 53708-8911 |
| FY2020 Buy Local, Buy Wisconsin (BLBW) Grant Program |
| Cover Sheet | 93.48, Wis. Stats. |

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| --- | --- |
| PROJECT TITLE: | AMOUNT REQUESTED:       |
| FULL LEGAL NAME OF APPLICANT/ORGANIZATION:      |
| STREET  | CITY      | STATE   | ZIP      |

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| --- |
| Name and Title of individual(s) that can execute a contract for the Applicant: |
| NAME | TITLE |
|       |       |
|       |       |
|       |       |
|       |       |
| NAME OF PRIMARY CONTACT:      | PHONE: (   )     -      |
| E-MAIL:      | WEBSITE:      |
| COUNTY OF PROJECT LOCATION:      | COUNTIES IMPACTED BY PROJECT WORK:      |
| MARKET CATEGORY:  |  | PROJECT CATEGORY: |  |
| PROJECT START DATE: |  | PROJECT COMPLETION DATE: |  |

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| Proposal Concept Statement - (Two Sentences – 500 characters) |
| The proposal concept statement must include a summary of the proposed project suitable for dissemination to the public and should be limited to 500 characters. It should be a self-contained description of the project |
| CONCEPT STATEMENT: |
|  |

\* Personal information you provide may be used for purposes other
than that for which it was originally collected (sec. 15.04(1)(m), Wis. Stats.).

**List the project goals and objectives**

**List the specific objective necessary to meet goal(s)**

**Work Plan Template**

**Assume projects will start in June of 2020**

**Anticipated Project Results**

Funded projects will be asked to report on economic development activity including: increased local food sales, new and/or retained jobs, and new investment generated. List and describe your economic development results and how you plan to measure them.

**Financial Capability/Sustained Business Growth**

Include award of other state or federal grants for this project.

Explain how this project or outcomes from this project will continue when grant funds are expired.

Explain the financial feasibility of project.

**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.

 Include two letters of commitment. Letters of commitment may be written by buyers for the product (CSA members, market customers, wholesale buyers, restaurant buyers). Letters of support will not be reviewed.

Proposals must adhere to the requirements and objectives in the template to be provided to selected applicants. Please refer to the evaluation criteria found in the grant manual when preparing your proposal.

\*\*Attach the past two years’ sales figures or a P&L statement

**\*\*** Attach a copy of organization/business two-year budget for 2020-2021, in addition to the grant project budget.

**Detailed Budget and Budget Summary – May not exceed two pages**

* Include a budget narrative to more fully describe project expenses listed in the table.
* Items not included in the budget will not be allowed for match or grant requests
* Expenses listed should directly result in anticipated measurable outcomes.
* Identify 1:1 in-kind or cash match contributions.
* For salary/fringe and subcontractor/consultant, identify who and what work is to be done and use an hourly rate.
* Refer to the grant manual to see eligible and ineligible expenses.
* Matching funds must also be eligible project expenses.

**Budget Summary Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Description** | **Grant Request** | **Matching Contributions** |
| Salaries, Wages, & Fringe Benefits |  |  |  |
| Contract & Consulting Services |  |  |  |
| Supplies & Materials |  |  |  |
| Travel\* |  |  |  |
| Public Information (Media/brochures/mailings) |  |  |  |
| Real estate/Equipment rental |  |  |  |
| Other/Misc. (Describe) |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |

\* Travel expenses must follow state travel guidelines. For details: http://oser.state.wi.us/docview.asp?docid=6800.