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| ARM-LWR-547.docx (rev.06/18) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Agricultural Resource ManagementPO Box 8911 Madison, WI 53708-8911Phone: (608) 224-4622 Fax (608) 224-4615 |
| 2019 DATCP Producer-Led Watershed Protection Grant Proposal |
| DEADLINE: Monday, September 17, 2018 | (s.93.59 Wis. Stats.) |
| Any personally identifiable information, as defined under s. 19.62(5), Stats., requested on this form may be used for purposes other than that for which it is originally being collected (s. 15.04 (1) (m), Wis. Stats.). Confidentiality of this information will be maintained to the extent authorized by law. |

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| NAME OF PRODUCER-LED GROUP      |
| LEAD CONTACT NAME      | E-MAIL      | PHONE NUMBER: (   )     -      |
| MAILING ADDRESS STREET       | CITY      | STATE   | ZIP      |
| LEAD FARMER NAME      | E-MAIL      | PHONE NUMBER: (   )     -      |

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| FISCAL MANAGER OF GROUP (if different from lead contact above)      | E-MAIL      | PHONE NUMBER: (   )     -      |

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| **GRANT AMOUNT REQUESTED:** $      |
| **GRANT AMOUNT REQUESTED AS UPFRONT PAYMENT** (up to $5,000 or 25% of grant award, whichever is less): $      |

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| PROJECT TITLE (12 words or less):       |
| **WATERSHED NAME and HUC NUMBER** (*ex. Rock River Watershed, 705000706*):      Note: Participants within your group must reside within the same watershed. See the DATCP webpage to determine your group’s watershed. |

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| PROJECT SCOPE | # of eligible producers: |
| **Question 1a:** How many eligible agricultural producers are currently directly participating in your producer-led group? You must have at least 5 agricultural producers who operate eligible farms to apply for this grant. For the definition of an eligible farm, please review the RFP.  |       |
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| **GRANT IMPACT REPORTING** *This information will only be used to track overall program impact.* | # of farms with <500 cows: | # of farms with >500 cows: |
| **Question 1b:** List number of farms in your group by animal numbers. |       |       |
| **Question 1c:** List all types of farming operations participating in your group (dairy, pork, cash-grain, etc.).  |        |

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| **Question 2:** What collaborating entity has your group signed a Memorandum of Understanding (MOU) with? |
| [ ]  DATCP | [ ]  DNR | [ ]  COUNTY LCC |
| [ ]  UW EXTENSION | [ ]  DISCOVERY FARMS | [ ]  NON-PROFIT (list):       |

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| **Question 3 – Project Description:**  |
| 1. List your watershed’s main resource concern(s):
2. State project intention:
3. List project goals:
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| **Question 4a – Group structure, goals and work planning *(for new groups only):***  |
| 1. Describe how you intend to establish the group structure and make decisions within the group (non-profit, board of directors, etc.)?
2. Describe how you intend to develop a work plan for your group:
3. How frequently will your group meet on average:
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| **Question 4b – Group structure, goals and work planning *(for existing groups only):***  |
| 1. Tell us how your project intentions, goals, or resource concerns have changed or developed since your last application.
2. What changes, if any, have been made to improve the functioning and organization of your group?
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| **Question 4c** – **Past accomplishments** ***(for existing groups only):*** List your most significant goals and deliverables that your group has accomplished within your last grant contract.  |
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| **Question 5 – Budget explanation:**  Explain how you intend to spend this funding by expanding upon the line items listed in your budget (page 5). Include current or planned conservation practices and/or activities, outreach events, research plans, etc.  |
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| **Question 6a – Collaboration *(for new groups only):*** How will you work with the collaborating entity you are forming a MOU with to accomplish the goals of your group? Describe the role the collaborator will have in your project, including what aspects they will support or assist with.**A copy of the MOU must be submitted along with your grant application.**  |
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| **Question 6b – Collaboration *(for existing groups only):*** If you will continue the same partnership and MOU as your previous application, how will you continue to work with your collaborator to accomplish your goals? If not, how will you work with your new collaborator and why did you change this? **A copy of the MOU must be submitted along with your grant application, unless you have a valid MOU on file.** |
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| **Question 7- Group Expansion:**  |
| 1. Tell us what actions you will conduct to increase participation/membership in your producer-led group.
2. How many new members do you hope to recruit during this funding cycle?
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| **Question 8 – Measuring Success:** Which of the following goals and metrics will you use to measure progress and to report on in your annual DATCP report? Check all that apply. *Note: These metrics and goals will be used by DATCP to evaluate your group’s performance at the end of each funding cycle.*  |
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| [ ]  | Number of hours spent on planning activities | [ ]  | Number of acres of conservation practices installed |
| [ ]  | Completed work plan with goals and mission statement | [ ]  | Number of farmers who have continued using a practice after accepting cost-share through your group |
| [ ]  | Plan created to distribute conservation incentives | [ ]  | Results of testing innovative practices or techniques |
| [ ]  | Number of outreach materials created  | [ ]  | Number of soil samples taken and acres covered |
| [ ]  | Data collection and analysis plan | [ ]  | Attendance and outcomes at outreach events |
| [ ]  | Number of group meetings and list of accomplishments  | [ ]  | Increase in number of group participants and partnerships |
| [ ]  | Number of new farms involved in the group | [ ]  | Number of farm assessments |
| [ ]  | Number of new partnerships formed | [ ]  | Coordinator position: hours spent |
| [ ]  | Number of new sponsorships received  | [ ]  | Number of nutrient management plans developed or updated using SnapPlus |
| [ ]  | Total dollars raised beyond DATCP grant | [ ]  | Soil test P reductions |
| [ ]  | Number of speaking engagements | [ ]  | Phosphorus Index value reductions |
| [ ]  | Number of mailings | [ ]  | On-farm research results |
| [ ]  | Number of newspaper articles mentioned in | [ ]  | Long-term sustainability plans |
| [ ]  | Farmer survey results | [ ]  | Water quality monitoring completed |
| [ ]  | Water quality monitoring plan | [ ]  | Other:       |
| [ ]  | Other:       | [ ]  | Other:       |
| [ ]  | Other:       | [ ]  | Other:       |
| [ ]  | Other:       | [ ]  | Other:       |

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| QUALIFICATIONS: Provide the following information for at least 5 eligible farmers and at least 1 collaborator. For each farmer, include: brief overview of farm operation, why each farmer is committed to this project (this could include conservation background, other leadership roles, etc.), and his/her role in the project. Attach additional pages for eligible participating farmers if needed. |
| Eligible Farmer Name: |       |
| Farmer information: |
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| Eligible Farmer Name: |       |
| Farmer information: |
|       |
| Eligible Farmer Name: |       |
| Farmer information: |
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| Eligible Farmer Name: |       |
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| Eligible Farmer Name: |       |
| Farmer information: |
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| Eligible Farmer Name: |       |
| Farmer information: |
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| Collaborator Name: |       |
| Relevant work experience, conservation background, previous leadership roles, and commitment to this project: |
|       |
| Project responsibilities: |
|       |
| Collaborator Name: |       |
| Relevant work experience, conservation background, previous leadership roles, and commitment to this project: |
|       |
| Project responsibilities: |
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| ADDITIONAL INFORMATION - Please provide any additional details about your project that will help reviewers assess your project need and merit. This could include, but is not limited to:* Timeline of activities proposed
* Partnerships with other agencies, agricultural groups or agricultural professionals to strengthen and leverage your efforts (ex. Implement dealers, crop consultants, UW-Extension agents, etc.)
* Incorporation of nutrient management and DATCP Nutrient Management Farmer Education grants
* Innovation and uniqueness of proposed project
* Source and description of matching funds
* How your project will complement existing local and/or state programs
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| Producer-Led Watershed Protection Grant Program Budget Request |

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|  | Section E. BUDGET REQUEST |
|  | Please add rows as necessary. Staff time must be separated out within eligible expenses.  |
| Budget CategoryDATCP USE ONLY | Eligible ExpensePlease find eligible project costs in the Request for Proposals. **Staff time requests must be separate line items.** | Matching FundsMust contribute 1:1 matching funds. For example, if you are requesting $20,000, you must provide a match of at least $20,000. Match does not need to be line item by line item. | Source of Matching FundsPlease indicate the source of matching funds. Ex. DATCP Nutrient Management Farmer Education Grant | Grant RequestPlease indicate the total amount of grant funds requested for each line item. |
| 1 |       |       |       |       |
| 2 |       |       |       |       |
| 3 |       |       |       |       |
| 4 |       |       |       |       |
| 5 |       |       |       |       |
| 6 |       |       |       |       |
| 7 |       |       |       |       |
| 8 |       |       |       |       |
| 9 |       |       |       |       |
| 10 |       |       |       |       |
| 11 |       |       |       |       |
| 12 |       |       |       |       |
| 13 |       |       |       |       |
| 14 |       |       |       |       |
| 15 |       |       |       |       |
| 16 |       |       |       |       |
| 17 |       |       |       |       |
| 18 |       |       |       |       |
| 19 |       |       |       |       |
| 20 |       |       |       |       |
|  | TOTALS | MATCH $       |  | GRANT REQ. $       |

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| Electronic signature(s) of project lead and/or fiscal manager. By signing this application, I certify (1) to the qualification of each farmer identified in Section C; and, (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that false statements or misrepresentations may subject me to legal action by DATCP.  |
|        |       |       |
| Lead Contact | Signature (type) | Date |
|        |       |       |
| Fiscal Manager | Signature (type) | Date |
|        |       |       |
| Lead Farmer, if Lead Contact is not a farmer | Signature (type) | Date |

Thank you for your interest in the producer-led grant program!

Applications must be received electronically no later than Monday, September 17, 2018.

Email completed proposals to: Rachel.Rushmann@wi.gov.