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| DAD-BEBD-006.docx 01/2022 | | | | | | | | | | |
|  | 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 | | | | | | | | | |
| Wisconsin Initiative for Agricultural Exports Export Expansion Grant (Dairy) Application | | | | | | | | | | |
| ss. 20.115(3)(b) and (h), 93.06 (1qm), and 93.425Wis. 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) | | | | | | | | |
|  | | | | | | | | |
| 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 | |
|  | | | | | | | | |
| Project Focus: Accelerate export growth of the following through agribusiness export expansion projects:  Check all that apply | | | | | | | | |
| Wisconsin Milk and Dairy Products | | | | | | | | |
| Wisconsin Meat (including Poultry and Fish) and Meat Products | | | | | | | | |
| Wisconsin Crop and Crop Products | | | | | | | | |

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| FY23 Agribusiness Export Expansion 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: | | |
| Project will cultivate new to export and emerging export agribusiness | | |
| Project will build the exporting capacity and knowledge of the industry | | |
| Project will increase understanding of foreign markets and consumers | | |
| Project will make products export ready or develop products for specific export market | | |
| Project promotes Wisconsin products in foreign markets | | |
|  | | |
| Project Potential Impact Describe how your project will benefit the Wisconsin agribusiness export expansion effort. | | |
|  | | |
|  | | |
| 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. | | |
| **Project Activity** | **Who** | **Timeline** |
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| --- | --- | --- | --- | --- | --- |
| Estimated Total Project Budget (Match and Grant Request) | | | | | |
| A total grant up to $100,000 is available. | | | | | |
| Budget Category | | | | | |
| Salary | | | | | |
| Position or Title | # of Hrs. | Hourly rate | Grant | Matching | Total Cost |
|  |  |  |  |  |  |
| Services/Subcontractors (including translation, interpretation and localization services) | | | | | |
| Service Professional | # of Hrs. | Hourly rate | Grant | Matching | Total Cost |
|  |  |  |  |  |  |
| Travel | | | | | |
| Description | Method | Rate | Grant | Matching | Total Cost |
|  |  |  |  |  |  |
| Subscriptions, Purchased Research, and Reports | | | | | |
| Item Description | # of units | Unit Cost | Grant | Matching | Total Cost |
|  |  |  |  |  |  |
| Promotion, Marketing, Publication | | | | | |
| Item Description | # of units | Unit Cost | Grant | Matching | Total Cost |
|  |  |  |  |  |  |
| Supplies & Materials | | | | | |
| Item Description | # of units | Unit Cost | Grant | Matching | Total Cost |
|  |  |  |  |  |  |
| Miscellaneous (including fees) | | | | | |
| Item Description | # of units | Unit Cost | Grant | Matching | Total Cost |
|  |  |  |  |  |  |
| Total Costs | | |  |  |  |
| 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.) | | | | | |