|  |
| --- |
| DAD-BEBD-012.docs (rev. 01/2023)) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Agricultural Development2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911Phone: 608.590.7239 |
| FY2023 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      | STATEWI | ZIP      |
| MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)      | CITY      | STATEWI | 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.)  |
| [ ]  Multiple Markets  |

|  |
| --- |
| 2023 Buy Local Buy Wisconsin Grant Application |
| Proposal Concept Statement |
| Describe your project. The proposal concept statement must include a summary of the proposed project suitable to 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.  |
| [ ]  Agricultural Tourism  |
| [ ]  Cooperative Development  |
| [ ]  Consumer Education  |
| [ ]  Distribution  |
| [ ]  Market Development  |
| [ ]  Processing  |
| [ ]  Producer Development  |
| [ ]  Other       |
|  |
| Project Goals and Objectives List the specific objective necessary to meet goal(s)  |
|       |
| 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.  |
|       |
|  |
| 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** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|  |
| 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 the project. Attach the past two years’ sales figures or a profit and loss statements. Attach a copy of organization/business two-year budget for 2022-23, in addition to the grant budget.  |
|       |

|  |
| --- |
| 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  |
|  |
| Detailed Budget and Budget Summary Include a budget narrative to more fully describe project expenses listed in the budget 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 in-kind or cash match contributions of at least 50 percent of the total cost of the project. For salary/fringe and subcontractor/consultant, identify who and what work is to be done and use and hourly rate. Refer to the Request for Proposals to see eligible and ineligible expenses. Matching funds must also be eligible project expenses. Travel expenses must adhere to state rates/guidelines; (may not exceed two pages including budget table). The budget and summary, including the budget table, may not exceed two pages. |
|       |

|  |
| --- |
| Estimated Total Project Budget (Match and Grant Request) |
| A total grant up to $50,000 is available. |
| Budget Category |
| 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 |
|       |       |       |       |       |       |
| Real estate/Equipment rental  |
| Item Description | # of units | Unit Cost | Grant | Matching | Total Cost |
|       |       |       |       |       |       |
| Supplies & Materials |
| Item Description | # of units | Unit Cost | Grant | Matching | Total Cost |
|       |       |       |       |       |       |
| Miscellaneous (Describe)  |
| 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.) |