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| MK-DD-30 revised 09/2022 | | | | | | | | | | | | | | | | | | | | | |
|  | 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 | | | | | | | | | | | | | | | | | | | | |
| Grow Wisconsin Dairy Processor Grant Application 2023  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 |
| DO YOU HAVE A LICENSE?: | YES  NO | IF YES LICENSE NAME: | | | | | | | | | | LICENSE NUMBER: | | | | | | | | | |
| PROJECT COORDINATOR | | | | | | | | | | | | PROJECT COORDINATOR TITLE | | | | | | | | | |
| BUSINESS PHONE:  (   )     - | | | E-MAIL | | | | | | | | | | | | | | | | | | |
| PROJECT TITLE(S) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Grant Request: $ | | | | | | | Project Start Date: Select date | | | | | | | | | End Date: Select date | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | |
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| AUTHORIZED SIGNATURE (TYPED SIGNATURE IS ACCEPTABLE) | | | | | | | | | | | TITLE | | | | | | | | DATE | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Project Focus - Check all that apply | | | | | | | | | | | | | | | | | | | | | |
| Dairy Plant Expansion | | | | | Dairy Processing Innovation | | | | | | | | | Food Safety/Audit Assistance | | | | | | | |
| Dairy Plant Modernization | | | | | | Dairy Plant Staff Training/Workforce Development | | | | | | | | | | | | | | | |
| Other Dairy Processing Development: (Specify) | | | | | | | | |  | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | |
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| Project Objective - Describe how your project will meet at least one of the following objectives: | | | | | | | | | | | | | | | | | | | | | |
| Increase production, profitability, processing, marketing, or distribution of Wisconsin dairy products | | | | | | | | | | | | | | | | | | | | | |
| Increase capital investment in the dairy industry | | | | | | | | | | | | | | | | | | | | | |
| Apply new technologies related to dairy production | | | | | | | | | | | | | | | | | | | | | |
| Improve the competitiveness of the Wisconsin dairy industry | | | | | | | | | | | | | | | | | | | | | |
| Make more efficient use of farmland and other agricultural resources for dairy production | | | | | | | | | | | | | | | | | | | | | |
| Create or retain jobs in the dairy industry | | | | | | | | | | | | | | | | | | | | | |
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| Project Potential Impact - Describe how your project will benefit the dairy industry | | | | | | | | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | |
| Item Description | | | | # of units | | | | | | Unit Cost | | | Grant | | Matching | | | | | Total Cost | |
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| Continues on next page | | | |  | | | | | |  | | |  | |  | | | | |  | |
| Supplies & Materials | | | | | | | | | | | | | | | | | | | | | |
| Position or Title | | | | # of Hrs. | | | | Hourly rate | | | | | 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 | | | | | | | | | | | | |  | |  | | | | |  | |
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| \*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.) | | | | | | | | | | | | | | | | | | | | | |