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| MK-DD-30 revised 09/2022 |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Agricultural Development2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911Phone: 608-590-7239 |
| Grow Wisconsin Dairy Processor Grant Application 2023s [20.115(4)(dm)](http://docs.legis.wisconsin.gov/document/statutes/20.115%284%29%28dm%29), Wis. Stats. |
|  |
| 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) |       |
|  |
| 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: |
| [ ]  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 |
|       |
| Project Potential Impact - Describe how your project will benefit the dairy industry |
|       |
| **Work Plan -** Describe the major steps/activities needed to complete your project |
|       |
| 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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| 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.) |