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| DAD-BEBD-010 (rev. 01/2025) | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Agricultural Development  2811 Agriculture Drive, P.O. Box 8911, Madison, WI 53708-8911  Phone: 608-590-7239 |
| 2025 Meat Processor Infrastructure Grant  Personally identifiable information you provide may be used for purposes other than that for which it was collected.  Completing this form is required to apply for a 2025 Meat Processor Infrastructure Grant. (s. 15.04 (1) (m), Wis. Stats.)  ss. [20.115(4)(f)](http://docs.legis.wisconsin.gov/document/statutes/20.115(4)(dm)) and [93.68(2)](https://docs.legis.wisconsin.gov/statutes/statutes/93/68) , Wis. Stats. | |

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| FULL LEGAL NAME OF ENTITY/BUSINESS APPLYING | | | | |
| CONTRACT SIGNER NAME AND TITLE | | CONTRACT SIGNER EMAIL | | |
| PHYSICAL ADDRESS | | CITY | STATE | ZIP |
| MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS) | | CITY | STATE | ZIP |
| PROJECT COORDINATOR NAME AND TITLE | | PROJECT COORDINATOR EMAIL | | |
| PROJECT COORDINATOR PHONE:  (   )     - | DATCP OR USDA MEAT PROCESSING LICENSE # | | | |
| PROJECT TITLE(S) | | | | |

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| Grant Request: $ |  |
| 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.

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| AUTHORIZED SIGNATURE (TYPED SIGNATURE IS ACCEPTABLE) | TITLE | DATE |

Project Focus: Check all that apply.

Grow/Develop Current Business Harvest or Throughput Capacity

Improve Production or Profitability

Address Capacity/Production Bottlenecks and Challenges

Other Meat Processing Development: (Specify)

**2025 Meat Processor Infrastructure 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 increase facility’s harvest capacity by 20% or more per year.

Project will increase meat or meat product production that shows a benefit to harvest capacity

within supply chain.

Project will increase efficiency in processing facility.

Project improves competitive position of the Wisconsin meat sector.

Project creates employment in the Wisconsin meat sector.

**Project Potential Impact**

Describe how your project will benefit the meat processing industry.

**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)**

Grant amounts are up to $50,000.00 per applicant. Matching funds of at least 100% of the requested grant amount are required.\*

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| **Budget Category** | | | | | |
| **Personnel** | | | | | |
| Position or Title | # of Hrs. OR % FTE | Hourly rate/Salary | Grant | Matching | Total Cost |
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| **Food Safety Advisory Services Costs** | | | | | |
| Course Description or Title | # of Students | Course rate | Grant | Matching | Total Cost |
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| **Equipment** | | | | | |
| Item Description | # of Units | Unit Cost | Grant | Matching | Total Cost |
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| **Supplies** | | | | | |
| Item Description | # of Units | Unit Cost | Grant | Matching | Total Cost |
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| **Contractual** | | | | | |
| Contractual Name/Organization | Hourly Rate/Flat Rate | Rate Value | Grant | Matching | Total Cost |
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| **Other** | | | | | |
| Other Item Description | # of units | Unit Cost | Grant | Matching | Total Cost |
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|  |  |  |  |  |  |
| Total Costs | | |  |  |  |

\*All matching funds must be proven with expense receipts, time sheets, or other means as would grant expenses

when requesting reimbursement.