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| DAD-BEBD-010 (rev. 01/2025) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Agricultural Development2811 Agriculture Drive, P.O. Box 8911, Madison, WI 53708-8911Phone: 608-590-7239 |
| 2025 Meat Processor Infrastructure GrantPersonally 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%284%29%28dm%29) 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.