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| DAD-BEBD-012. (rev. 07/2025) | | | | | | | | |
|  | 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 | | | | | | | |
| FY2026 Buy Local Buy Wisconsin (BLBW) Grant Application  Completing this form is required to apply for a Buy Local Buy Wisconsin Grant Program Producer and Processor Grant. Personally identifiable information you provide may be used for purposes other than that for which it was collected. Wis. Stat. § 15.04(1)(m).  Wis. Stat. § 93.48 | | | | | | | | |
| FULL LEGAL NAME OF APPLICANT/BUSINESS: | | | | | | | | | |
| CONTRACT SIGNER NAME AND TITLE: | | | | | CONTRACT SIGNER EMAIL: | | | | |
| PHYSICAL ADDRESS: | | | | | CITY: | STATE:  WI | | ZIP: | |
| MAILING ADDRESS *(IF DIFFERENT FROM PHYSICAL ADDRESS)*: | | | | | CITY: | STATE:  WI | | ZIP: | |
| PRINCIPAL INVESTIGATOR NAME AND TITLE: | | | | | PRINCIPAL INVESTIGATOR EMAIL: | | | | |
| BUSINESS PHONE:  (     )     - | | | | | | | | | |
| PROJECT TITLE(S): | | | | | | | | | |
| COUNTY OF PROJECT LOCATION: | | COUNTIES IMPACTED BY PROJECT WORK: | | | | | | | |
|  | | | | | | | | | |
| **GRANT/PROJECT DETAILS** | | | | | | | | | |
| Grant Request: $ | | | Estimated Total Cost of Project: $ | | | | | | |
| Project Start Date: | | | End Date: | | | | | | |
|  | | | | | | | | | |
| SIGNATURE | | | | | | | | | |
| 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.) | | | | | | | | | |

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| 2026 Buy Local Buy Wisconsin Project Narrative | | |
| Project Description**:** The project description must include a summary of the project suitable for the public and should be limited to 500 characters. It should be a self-contained description of the project. | | |
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| Project Category**:** Choose the appropriate category for the proposed project. (*Select all that apply.)* | | |
| Agricultural Tourism | | |
| Cooperative Development | | |
| Consumer Education | | |
| Distribution | | |
| Market Development | | |
| Processing | | |
| Producer Development | | |
| Other | | |
|  | | |
| Project Justification: Describe the project need or opportunity. Describe market opportunities. Describe potential benefits to Wisconsin’s local food system. | | |
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| Project Goal(s) and Objectives: List the project goal(s) and the specific objectives necessary to meet goal(s). | | |
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| Anticipated Project Outcomes**:** Funded projects will be asked to report on economic development activity including increased local food sales, new and/or retained jobs, new investment generated, new products developed, new markets, etc. List and describe anticipated project outcomes and describe how outcomes will be tracked and measured. | | |
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| 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. *(Add/subtract lines as necessary.)* | | |
| **PROJECT ACTIVITY** | **WHO** | **TIMELINE** |
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| Project Feasibility: Describe project team and partner qualifications and experience that are relevant to this project. Include any relevant background, skills, or business operations that demonstrate funding readiness and ongoing business operations. | | |
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| Support/Commitment: This section should illustrate how the proposed project is either driven by or supported by local food producers and buyers. | | |
| 1. Do you have buyers/markets committed to purchasing food products as a part of this proposed project?  Yes  No If yes, list them: | | |
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| 1. Do you have producers/suppliers committed to selling food products as a part of this proposed project?  Yes  No  If yes, list them: | | |
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| Project Outreach: Describe how project outcomes and information will be shared with the local food community. |
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| Total Project Budget (Match and Grant Request) | | | | | |
| A total grant up to $50,000 is available. Budget section (table and justification) is limited to two pages. | | | | | |
| BUDGET TABLE | | | | | |
| PERSONNEL | | | | | |
| Position or Title | Number of Hours | Hourly rate | Grant Funds | Matching Funds | Total Cost |
|  |  |  |  |  |  |
| FRINGE BENEFITS | | | | | |
| Position or Title | Number of Hours | Fringe Benefit Rate | Grant Funds | Matching Funds | Total Cost |
|  |  |  |  |  |  |
| TRAVEL | | | | | |
| Description | Method | Rate | Grant Funds | Matching Funds | Total Cost |
|  |  |  |  |  |  |
| EQUIPMENT RENTAL | | | | | |
| Item Description | Number of units | Unit Cost | Grant Funds | Matching Funds | Total Cost |
|  |  |  |  |  |  |
| SUPPLIES | | | | | |
| Item Description | Number of units | Unit Cost | Grant Funds | Matching Funds | Total Cost |
|  |  |  |  |  |  |
| CONTRACTUAL | | | | | |
| Contractor/Organization Name | Hourly Rate/Flat Rate | Rate Value | Grant Funds | Matching Funds | Total Cost |
|  |  |  |  |  |  |
| OTHER *(DESCRIBE)* | | | | | |
| Item Description | Number of units | Unit Cost | Grant Funds | Matching Funds | Total Cost |
|  |  |  |  |  |  |
| Total Costs | | |  |  |  |

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| Budget Justification: Describe project expenses listed in the budget table above. Explain how each expense is necessary and how it will help achieve project goals (for example, by increasing sales). |
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