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| DAD-BEBD-012. (rev. 07/2025) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Agricultural Development2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911Phone: (608) 590-7239 |
| FY2026 Buy Local Buy Wisconsin (BLBW) Grant ApplicationCompleting 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:       |
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| **GRANT/PROJECT DETAILS** |
| Grant Request: $  | Estimated Total Cost of Project: $       |
| Project Start Date:        | End Date:       |
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| 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:      |
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| 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       |
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| 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 [ ]  NoIf 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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