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| MK-DD-30 revised 3/1/18 | | | | | | | | |
|  | 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 | | | | | | | |
| 2026 Wisconsin Dairy Processor Grant Application  Wis. Stat. §§ . [20.115(4)(dm)](http://docs.legis.wisconsin.gov/document/statutes/20.115(4)(dm)), [93.40(1)(g)](https://docs.legis.wisconsin.gov/statutes/statutes/93/40). | | | | | | | | |
| FULL LEGAL NAME OF ENTITY/BUSINESS | | | | | | | |
| CONTRACT SIGNER NAME AND TITLE | | | | CONTRACT SIGNER EMAIL | | | |
| PHYSICAL ADDRESS | | | | CITY | COUNTY | STATE | ZIP |
| MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS) | | | | CITY | COUNTY | STATE | ZIP |
| DO YOU HAVE A DAIRY PLANT LICENSE?  YES  NO | | LICENSE NUMBER | | BUSINESS NAME LICENSE NUMBER IS UNDER | | | |
| PROJECT COORDINATOR NAME AND TITLE | | | | PROJECT COORDINATOR EMAIL | | | |
| PROJECT COORDINATOR PHONE:  (   )     - | | |  | | | | |
| 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.

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

Project Focus: Check all that apply

Dairy Plant Expansion

Dairy Plant Modernization

Dairy Processing Innovation

Food Safety/Audit Assistance

Dairy Plant Staff Training/Workforce Development

Other Dairy Processing Development: (Specify)

Completing this form is required to apply for a 2026 Dairy 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).

**2026 Dairy Processor 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  
Select the objective(s) your project will meet:**

|  |  |
| --- | --- |
|  | 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 |

**Describe how your project will meet the selected objectives**

**PROJECT POTENTIAL IMPACT**

**Describe how your project will benefit the dairy industry**

**WORK PLAN  
Describe the major steps/activities needed to complete your project**

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| --- | --- | --- |
| **Project Activity** | **Who will complete** | **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 20% of the grant amount are required. All matching funds must be proven with expense receipts, time sheets, or other means as would grant expenses when requesting reimbursement.

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| **Budget Category: Personnel** | | | | | |
| **Position/Title** | **Number of hours OR percent FTE** | **Hourly rate/ Salary** | **Grant** | **Matching** | **Total Cost** |
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| **Budget Category: Training Costs** | | | | | |
| **Course Title or Description** | **Number of students** | **Course Rate** | **Grant** | **Matching** | **Total Cost** |
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| **Budget Category: Travel** | | | | | |
| **Trip Destination** | **Number of miles** | **Cost per mile** | **Grant** | **Matching** | **Total Cost** |
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| **Budget Category: Equipment Lease/Rental** | | | | | |
| **Item Description** | **Number of units** | **Unit Cost** | **Grant** | **Matching** | **Total Cost** |
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| **Budget Category: Supplies** | | | | | |
| **Item Description** | **Number of units** | **Unit Cost** | **Grant** | **Matching** | **Total Cost** |
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| **Budget Category: Contractual** | | | | | |
| **Contractual Name/Organization** | **Hourly Rate/Flat Rate** | **Rate Value** | **Grant** | **Matching** | **Total Cost** |
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| **Budget Category: Other** | | | | | |
| **Other Item Description** | **Number of units** | **Unit Cost** | **Grant** | **Matching** | **Total Cost** |
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| **Total Costs** | | |  |  |  |