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| DAD-BEBD-010.docx (Rev. 12/22) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Agricultural Development2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911Phone: 608.590.7239 |
| Meat Processor Infrastructure Grant 2023 | 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. |
| FULL LEGAL NAME OF APPLICANT/BUSINESS      |
| CONTRACT SIGNER NAME       | CONTRACT SIGNER TITLE       |
| STREET ADDRESS      | CITY      | STATE   | ZIP      |
| MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)      | CITY      | STATE   | ZIP      |
| PROJECT COORDINATOR      | PROJECT COORDINATOR TITLE       |
| BUSINESS PHONE: (   )     -      | E-MAIL      |
| PROJECT TITLE(S)      |
|  |
| Grant Request: $       | Estimated Total Cost of Project: $       |
| 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 |
| [ ]  Grow/Develop Current Business Harvest or Throughput Capacity |
| [ ]  Production or Profitability Improvement |
| [ ]  Address Capacity/Production Bottlenecks and Challenges  |
| [ ]  Other Meat Processing Development: (Specify) |       |

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| 2023 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 percent 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 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 |
|       |
| Project Activity | Who | Timeline |
|       |       |       |
|       |       |       |
|       |       |       |
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| Estimated Total Project Budget (Match and Grant Request) |
| A total grant up to $50,000 is available per meat processor per year. The meat processor is required to provide a match of at least 100% of the grant amount.  |
| Budget Category |
| Salary |
| Position or Title | # of Hours | Hourly Rate | Grant | Matching | Total Cost |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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|       |       |       |       |       |       |
| Services/Subcontractors |
| Service Professional | # of Hours | Hourly Rate | Grant | Matching | Total Cost |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| Food Safety Advisory Services Costs |
| Course Description or Title | # of Students | Course Rate | Grant | Matching | Total Cost |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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|       |       |       |       |       |       |
| Equipment, Supplies & Materials |
| Item Description | # of Units | Unit Cost | Grant | Matching | Total Cost |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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|       |       |       |       |       |       |
| Miscellaneous |
| 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. |
| Personally identifiable information you provide may be used for purposes other than that for which it was collected. Completing this form is voluntary. (s. 15.04 (1) (m), Wis. Stats.) |