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| DAD-BEBD-010.docx (Rev. 12/22) | | | | | | | | | | | | |
|  | 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 | | | | | | | | | | | |
| Meat Processor Infrastructure Grant 2023 | | | | | | | ss. [20.115(4)(f)](http://docs.legis.wisconsin.gov/document/statutes/20.115(4)(dm)) 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. | | |
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| 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) | | | | | | | | | |
| 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 | |
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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, 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 |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
| 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.) | | | | | | | | | |