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|  | 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 2024  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. | |

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

Addresss Capacity/Production Bottlenecks and Challenges

Other Meat Processing Development: (Specify)

**2024 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**

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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.

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| --- | --- | --- | --- | --- | --- |
| Budget Category | | | | | |
| Salary | | | | | |
| Position or Title | # of Hrs. | Hourly rate | Grant | Matching | Total Cost |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Services/Subcontractors | | | | | |
| Service Professional | # of Hrs. | 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.)