# Dairy Business Innovation Alliance Grant ApplicationSmall-Scale Grant Cycle – Spring 2021

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| --- | --- |
| **Full Legal Name of Applicant/Business** |   |
| **Street Address** |  |
| **Mailing Address (If Different from Street Address)** |   |
|  |
| **Name of Primary Contact** |  | **Title of Primary Contact** |  |
| **Email of Primary Contact** |  | **Phone # Primary Contact** |  |
| **Project Title** |  |
| **Project Start Date** |  | **Project End Date** |  | **Total Grant Request** |  |

**SECTION 1: GOAL ALIGNMENT:**

*Which of the DBIA goals does your application support? You may select more than one – click on the boxes or type an “x” in front of all goals that your application supports.*

[ ]  Dairy farm diversification through dairy product development, specialization, packaging and/or marketing strategies.

[ ]  Creation of value-added dairy products (use milk to manufacture cheese, yogurt, beverages, etc.).

[ ]  Enhance the value of a dairy commodity or by-product through product development or alternate use (e.g., converting liquid whey permeate for animal feed into a product for human consumption).

[ ]  Creation or expansion of a program for exporting dairy products.

*Provide a brief explanation as to how your application meets each category selected. Further details are expected in the full application.*

**Please type the answers to the questions below directly into this MS Word document. When completed, convert this document to a PDF, attach any supporting materials to the end of the document, and submit to Karen Nielsen (****knielsen@cdr.wisc.edu****).**

**SECTION 2: PROJECT SUMMARY**

*Describe your project and its intended outcomes noting as appropriate the establishment of a new business, new value-added products or processes developed, job(s) created or retained, expected increases in sales volumes, expected expansion of export endeavors and any industry-wide benefits at the local or regional level. State where you are in the project implementation process (e.g., considering a feasibility study or buying equipment), provide a summary of the outcomes you are trying to achieve, and how you think the grant would benefit your existing business. Services, construction, equipment already purchased and acquired at the time of application cannot be reimbursed in this grant program.*

**SECTION 3: WORK PLAN**

*Describe the major steps/activities needed to complete your project and achieve each outcome noted in your Project Summary. Provide an estimated completion date for each step. Describe how each of the items to be funded via this grant will contribute to the project, e.g., a pasteurizer is requested to process our farm milk for sale to the public.*

**SECTION 4: BUSINESS PLAN**

*Please attach your business plan to the PDF of this grant application. If you do not have a business plan, please state that fact below, and include information on your intent to develop a business plan in the future. Include a timeline of when you expect to complete the plan and the resources you are going to use to achieve this. For example, you could say, “I plan to contact the Small Business Development Center in my area for assistance” or “I plan to get templates from the Internet.” If samples or templates are required, please consider information found* [*here*](https://articles.bplans.com/introducing-lean-planning-how-to-plan-less-and-grow-faster/) *and* [*here*](https://articles.bplans.com/the-standard-traditional-business-plan/)*.*

**SECTION 5: PROJECT BUDGET**

*Describe all of the elements of your project budget including vendor estimates whenever possible. Please attach vendor estimate documents to the PDF of this grant application. Please specifically note the exact expenses for which you seek reimbursement via this grant program. If you do not have a written cost estimate from a vendor, please note “verbal vendor estimate” or “personal research” next to the dollar figure you state under Unit Cost below. The table below is provided for guidance purposes:*

|  |
| --- |
| **Project Budget Category** |
| **Employees Related to the Project** |
| Position or Title | # Hrs./Week | Hourly Rate | Total Cost | Amount Sought for this Grant |
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|  |  |  |  |  |  |
| **Equipment Purchases, Supplies, Materials, Installation, etc.** |
| Item Description | # of Units | Unit Cost | Total Cost | Amount Sought for this Grant |
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| **Consultant Services/Contractors** |
| Service Professional | # of Hours | Hourly Rate | Total Cost | Amount Sought for this Grant |
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| **Production Facility Renovation** |
| Activity Description | # of Units | Unit Cost | Total Cost | Amount Sought for this Grant |
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|  |  |  |  |  |  |
| **Marketing** |
| Activity Description | # of Units | Unit Cost | Total Cost | Amount Sought for this Grant |
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| **Product Development Costs** |
| Activity Description | # of Units | Unit Cost | Total Cost | Amount Sought for this Grant |
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|  |  |  |  |  |  |
| **Sales** |
| Activity Description | # of Units | Unit Cost | Total Cost | Amount Sought for this Grant |
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|  |  |  |  |  |  |
| **Other** |
| Activity Description | # of Units | Unit Cost | Total Cost | Amount Sought for this Grant |
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| **Total Costs** |
| Non-Grant Expenditures |  |  | Total Cost | Amount Sought for this Grant |
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**SECTION 6: CERTIFICATION**

*I certify to the best of my knowledge**that the information in the**application is true and correct, and**that I am legally authorized to sign and submit this application on behalf of this organization, which is also legally eligible to enter into a grant agreement.*

Authorized Signature:

Title: Date: