

Applicant Name:



High Tunnel Grants for Organizations Wyoming Specialty Crop Grant Program Guidelines

PURPOSE

Small grants will be awarded to nonprofit organizations and educational institutions to promote Specialty Crop season extension through high tunnel projects.

ELIGIBILITY REQUIREMENTS

Wyoming Agricultural Organizations are eligible to apply for a Wyoming Specialty Crop High Tunnel Grant if they meet the following criteria:

1. **Be a registered nonprofit Wyoming-based organization or an educational institution in the State of Wyoming.**
2. Demonstrate that the organization is capable of promoting the use of specialty crop production through high tunnel season extension.
3. Have received a recommendation from a local agricultural entity that can vouch for their involvement in specialty crop agricultural education and promotion.

Eligible expenditures are limited to material cost necessary to erect a high tunnel.

In-kind matching expenditures may include cash, donated labor, travel such as lodging, meals, mileage and other preapproved expenditures directly related to the building of the high tunnel.

Ineligible expenditures include but are not limited to salaries and administrative costs

AWARD LIMITATIONS

This is a matching program. Agricultural organizations may receive a maximum of one grant for FY 2009. The total grant award is limited to 75% of the actual eligible expenditures. The minimum amount of a grant is \$500. The maximum a grant is \$3500.

REQUIREMENTS OF THE ORGANIZATION PARTICIPANT

Documentation: The Agricultural Organization must complete and submit to the Wyoming Department of Agriculture the following forms for reimbursement: 1) *Request for Reimbursement*; 2) *Itemized Expenditure*; and, 3) a detailed *Final Report* on the grant by September 1, 2010. Copies of canceled checks (both sides), invoices, and other confirmation of payment must be submitted for reimbursement.

APPLICATION PROCESS

Potential participants of the Wyoming Specialty Crop Grant Program must complete and return the application and the required attachments by Aug 1, 2010 to Attn Wyoming Department of Agriculture, Wyoming Specialty Crop High Tunnel Grants for Organizations, 2219 Carey Ave. Cheyenne, WY 82002

PLEASE NOTE: Expenditures incurred without written or electronic confirmation from the Wyoming Department of Agriculture are not eligible for reimbursement. **The application process cannot be started after the organization has purchased materials.**

GENERAL GRANT INFORMATION

The Wyoming Specialty Grant Program is a reimbursable grant; and as such, the applicant must pay all expenditures before the grant award can be disbursed. The organization shall function independently in performing this activity and shall assume sole responsibility of any debts or liabilities that may be incurred in regard to this grant. The grant award cannot be assigned.

*****This program has a limited amount of funds. Money will be dispersed on a first come, first serve basis and the Wyoming Department of Agriculture reserves the right to deny applications that are not complete or otherwise deemed not eligible.*****

Applicant Name:



High Tunnel Grants for Organizations
Wyoming Specialty Crop Grant Program

Application for Organizations

1. Proposals need to be typed, single spaced and in 12 point format.
2. Each page should be numbered, with applicant's name at the top of each page.
3. Application packets should not exceed 10 pages including supplemental documentation.
4. An electronic version of the application packet (in MS Word format) must be submitted to one of the email addresses listed in the contact information.
5. Submit ONE complete original application packet signed by the person authorized to receive funds and mail to Wyoming Department of Agriculture at the address below.

Submission of Application

1. An electronic grant application must be emailed to the contacts below no later than **August 1, 2010**. **Applications must be received by the grant deadline.** Applications that do not adhere to this deadline will not be accepted.
2. A signed printed copy of the application must be mailed to the Wyoming Department of Agriculture at the address below no later than August 1, 2010.

Contact Information

Ted Craig
Wyoming Department of Agriculture
(307) 777-6651
FAX (307) 777-6593
Email: tcraig@state.wy.us

Mary Randolph
Wyoming Rural Development
(307) 777-6430
Email: mary.randolph@wybusiness.org

A signed hard copy must be mailed to:

Wyoming Department of Agriculture
High Tunnel Grants for Organizations
Wyoming Specialty Crop Grant Program
2219 Carey Avenue
Cheyenne, Wyoming 82002

Applicant Name:



High Tunnel Grants for Organizations
Wyoming Specialty Crop Grant Program
Application

GENERAL INSTRUCTIONS

- ◆ Application form must be completed in its entirety and required documentation attached.
- ◆ Incomplete applications will not be reviewed.

APPLICANT INFORMATION

1. NAME OF APPLICANT _____
2. FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER _____
3. MAILING ADDRESS _____
4. CITY/ZIP _____
5. AGRIBUSINESS ENTITY (Association, University, etc) _____
6. PHONE _____ FAX # _____
7. E-MAIL ADDRESS _____ WEB ADDRESS _____

PROJECT INFORMATION

1. HIGH TUNNEL PROJECT _____
2. LOCATION OF PROPOSED PROJECT _____
3. START AND COMPLETION DATES _____

ABSTRACT (150 words or less)

Applicant Name:

PROJECT PURPOSE AND GOALS: Clearly state the purpose of the high tunnel project and explain why your project is important to your organization.

POTENTIAL IMPACT: Discuss the number of people or operations affected and the intended beneficiaries of the high tunnel project. The potential economic impact if such data is available and relevant to the project. No more than one page.

EXPECTED MEASURABLE OUTCOMES: For the high tunnel project, describe at least two distinct and measurable outcomes that directly and meaningfully support the projects purpose.

Applicant Name:

WORK PLAN: For the high tunnel project, explain briefly activities that will be performed and include a time line to accomplish the project and indicate who will do the work.

Financial Feasibility How do you intend to use the grant funds? Provide a breakdown of costs for the high tunnel project and where the grant funds fit into the project financing. Provide budget estimates for the total project cost. **Remember, no administrative funds may be included in the budget request. A 25% in-kind match is required. This may include in-kind labor to erect the high tunnel, equipment rental and other preapproved costs.**

BUDGET

Sample table format

Category	SCBGP-FB Funds	Cash Match	In-Kind Match	Total	Comments

BUDGET NARRATIVE: Provide sufficient information in paragraph format about the budget categories listed for each project to demonstrate that grant funds are being expended on eligible grant activities that meet the purpose of the program.

Applicant Name:

PROJECT OVERSIGHT: Describe the oversight practices that provide sufficient knowledge of grant activities to ensure proper and efficient administration.

PROJECT COMMITMENT: Describe your organizations commitment to and work toward the goals and outcome measures of the high tunnel project.

I certify that the information provided is true and correct to the best of my knowledge. If approved for the specialty crop grant, I agree that the organization will assume sole responsibility of any and all debts or liabilities that may be incurred from this project; and will provide the required documentation to the Wyoming Department of Agriculture upon request. I understand that if this proposal is funded, I will be required to sign a grant agreement and other necessary documentation containing terms and conditions upon which funds will be released.

Signature

Title

Date

Applicant Name:



High Tunnel Grants for Organizations
Wyoming Specialty Crop Grant Program

REQUEST FOR REIMBURSEMENT

Name _____
Grant Number _____
Contact Person _____ Phone Number _____
Mailing Address _____
City & Zip _____

The following documentation is required:

MANDATORY FOR ALL GRANT PROJECTS

- | | |
|---------------------------------------|---|
| _____ Final Report | _____ Copies of All Paid Invoices |
| _____ Itemized Expenditure Report | _____ Copies of All Canceled Checks |
| _____ Photographs of Event/Conference | _____ or other method of confirmation
of payment |

REQUEST FOR REIMBURSEMENT

Expenditures (Total from Itemized Expenditure Report)	\$ _____
Required match for grant 25% (cash or in-kind)	\$ _____
Reimbursement Requested (not to exceed grant award of \$3,500 of eligible expenditures)	\$ _____

I hereby certify that this billing is correct and just and is based upon actual payment(s) of record; reimbursement for the above listed expenses have not been received from any state government source; and, the activities were conducted in accordance with the guidelines of the WDA Specialty Crop Small Grants Program.

Signature Title Date

Applicant Name: _____



High Tunnel Grants for Organizations
Wyoming Specialty Crop Grant Program
Final Report

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

NAME OF TRAINING ATTENDED: _____

DATES OF EVENT: _____ LOCATION OF EVENT: _____

PROJECT NARRATIVE

GOALS: Clearly state how the project has accomplished the goals. The purpose should include the specific issue, problem, interest, or need that has been addressed and why the project was important and timely.

WORK COMPLETED: For the project, explain briefly activities that were performed, when and by whom.

Applicant Name:

POTENTIAL IMPACT: How has the high tunnel project impacted your own organization and/or other specialty crop producers, educators and the public? Has there been any measurable economic impact?

MEASUREABLE OUTCOMES: Has the project accomplished its objective and describe the measureable outcomes.

Applicant Name:

BUDGET: All items must be specific to this project.

ITEM	ITEMIZED EXPENSES	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
TOTAL		

DOCUMENTATION: The grant recipient must complete and submit to the Wyoming Department of Agriculture the following forms for reimbursement: 1) *Request for Reimbursement*; 2) *Itemized Expenditure*; and, 3) a detailed *Final Report* on the grant by September 1, 2010. Copies of canceled checks (both sides), invoices, and other confirmation of payment must be submitted for reimbursement.

ADDITIONAL COMMENTS

I hereby certify that this billing is correct and just and is based upon actual payment(s) of record; reimbursement for the above listed expenses have not been received from any state government source; and, the activities were conducted in accordance with the guidelines of the WDA Specialty Crop Small Grants Program.

Signature

Title

Date

Submit completed forms to:
Wyoming Department of Agriculture
Wyoming Specialty Crop High Tunnel Grant Program for Agricultural Organizations
2219 Carey Avenue
Cheyenne, Wyoming 82002