

Applicant Name:



Wyoming Producer Grants
Specialty Crop Season Extension Small Grant Program
GUIDELINES

PURPOSE

Small grants will be awarded to specialty crop agri-business operations to develop methods for season extension, increased productivity and native seed production. Eligible grants will also include water conservation methods.

ELIGIBILITY REQUIREMENTS

Wyoming farmers/ranchers are eligible to apply for a Wyoming Specialty Crop Grant if they meet the following criteria:

1. Be a private-sector Wyoming-based agricultural producer as defined by USDA.
2. Demonstrate that producer is capable of capitalizing on methods that will enhance their specialty crop production through season extensions, water conservation, and native seed production.
3. Has received a recommendation from a local entity or individual that can vouch for your involvement in agricultural production.

Eligible expenditures are limited to materials necessary to erect a high tunnel; materials to develop drip irrigation system, seed/seed stock for production and enhancement of native seed plants.

Ineligible expenditures include travel such as lodging and meals and mileage, and expenditures directly related to the operation of the business, such as salaries.

AWARD LIMITATIONS

This is a matching program. The total grant award is limited to 75% to a maximum of \$3500 of the actual eligible expenditures per year. The minimum amount of a grant is \$500. Each Agri-business is limited to no more than \$7000 over the life of the season extension program.

REQUIREMENTS OF THE AGRIBUSINESS PARTICIPANT

Documentation. The Farmer/Rancher 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 August 1, 2010 to the Wyoming Department of Agriculture, Wyoming Producer Grants, Specialty Crop Season Extension Small Grant Program, 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 company has purchased the materials or supplies for the project.**

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 business 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. Preference will be given to qualified first time applicants and the Wyoming Department of Agriculture reserves the right to deny applications that are not complete or otherwise deemed not eligible.*****

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Wyoming Producer Grants
Specialty Crop Season Extension Small Grant Program

1. The proposals should be typed, single spaced and in 12 point format.
2. Written proposals must be printed and legible or will not be accepted.
3. Each page should be numbered with applicant's name at the top of each page.
4. Application packets should not exceed 10 pages including supplemental documentation.
5. An electronic version of the application packet (in MS Word format) may be submitted to one of the email addresses listed in the contact information.
6. 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. If an electronic grant application is submitted it 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.

A signed hard copy must be mailed to:

Wyoming Department of Agriculture
Wyoming Producer Grants
Specialty Crop Season Extension Small Grant Program
2219 Carey Avenue
Cheyenne, Wyoming 82002

Contact Information

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

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

Applicant Name:



Wyoming Producer Grants
Specialty Crop Season Extension Small Grant Program
APPLICATION

GENERAL INSTRUCTIONS

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

BUSINESS INFORMATION

1. **NAME OF AGRIBUSINESS** _____
2. **FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER** _____
3. **MAILING ADDRESS** _____
4. **CITY/ZIP** _____
5. **AGRIBUSINESS ENTITY (Corp, Partnership, Sole Proprietor, Other)** _____
6. **PRESIDENT (if Corporation)** _____ **OR OWNER** _____
7. **MANAGER (If Different)** _____
8. **PHONE** _____ **FAX #** _____
9. **YEARS IN BUSINESS** _____ **NUMBER OF EMPLOYEES** _____
10. **E-MAIL ADDRESS** _____ **WEB ADDRESS** _____
11. **AGRIBUSINESS DESCRIPTION.** Give a brief description and history of your operation.

Applicant Name:

5. **GRANT HISTORY.**

A. Is this the first time you have applied for this grant? __No __ Yes

If no, what was the past project?

6. **PROJECT PURPOSE AND GOAL:** Clearly state the purpose of the project and explain why the project is important to your operation.

7. **POTENTIAL IMPACT:** Discuss the number of people or operations affected and the intended beneficiaries of the project. Any potential economic impact if such data is available and relevant to the project.

Applicant Name:

8. **EXPECTED MEASURABLE OUTCOMES:** For the project, describe at least two things that are measurable outcomes that directly support the projects purpose.

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

Applicant Name:

PROJECT BUDGET: All items must be specific to this project.

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

9. **GRANT AMOUNT REQUESTED** (not to exceed 75% of eligible expenditures) \$ _____
10. **MAXIMUM GRANT AWARD** (not to exceed \$3,500)

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 business 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.

Signature

Title

Date

Return application forms to:
Wyoming Department of Agriculture
Wyoming Producer Grants
Specialty Crop Season Extension Small Grants Program
2219 Carey Avenue
Cheyenne, Wyoming 82002

Applicant Name: _____



Wyoming Producer Grants
Specialty Crop Season Extension Small 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) \$ _____

Reimbursement Requested (not to exceed grant award of \$3,500 or 75% of eligible expenditures whichever is less) \$ _____

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: _____



Wyoming Producer Grants
Specialty Crop Season Extension Small 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. This should include the specific issue, problem, interest, or need that has been addressed and why the project was important to your operation.

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

Applicant Name:

IMPACT: How has the project impacted your operation and/or other specialty crop producers, educators and the public. Has there been any 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 Agricultural Organizations High Tunnel Grant Program
2219 Carey Avenue
Cheyenne, Wyoming 82002