

Applicant Name:



Scholarship Program **Wyoming Specialty Crop Grant Program** **Guidelines**

PURPOSE

Specialty Crop Scholarship grants will be awarded to Wyoming specialty crop producers, processors and agricultural specialists to further their knowledge of production techniques, marketing and distribution methods.

ELIGIBILITY REQUIREMENTS

Wyoming farmers/ranchers, processors, and agricultural specialists are eligible to apply for a Wyoming specialty crop scholarship grant if they meet one of criteria 1,2 or 3 and criteria 4 and 5.

1. A Wyoming-based specialty crop producer as defined by USDA.
2. A Wyoming licensed specialty crop processor
3. A Wyoming Agricultural Specialist directly involved in specialty crop production or marketing.
4. Demonstrate that they are capable of capitalizing on training that will enhance specialty crop production techniques, marketing and distribution in Wyoming.
5. Has received a recommendation from a local Wyoming agricultural organization that can vouch for your involvement in specialty crop production.

Eligible expenditures are limited to airline travel or map mileage to the training, meals, lodging, and registration for the approved trainings, conferences and events that are scheduled to take place on or before September 30, 2010.

Ineligible expenditures include but are not limited to expenditures directly related to salaries.

AWARD LIMITATIONS

This is a matching program. Farmers/Ranchers, processors and agricultural professionals involved in specialty crop production, education or marketing may receive a maximum grant award of \$1000. The total grant award is limited to 2/3rds of the actual eligible expenditures up to \$1000 whichever is less. The minimum amount of a grant request is \$500.

REQUIREMENTS OF THE PARTICIPANT

Documentation. The farmer/rancher, processor agricultural specialist 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 *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 producer, processor or agricultural specialist scholarship program must complete and return the application and the required attachments **30 days prior to the event**, conference or trainings in order to allow sufficient time for the application to be reviewed. Late applications may not be reviewed for consideration.

PLEASE NOTE:

1. Expenditures incurred without written or electronic confirmation from the Wyoming Department of Agriculture are not eligible for reimbursement.
2. **The application process cannot be started after the company has attended a grant related training event.**

GENERAL GRANT INFORMATION

The Wyoming Specialty Crop Scholarship 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.

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***This program has a limited amount of funds. This is a competitive grant program and application is not a guarantee of funding. Wyoming Department of Agriculture reserves the right to deny applications that are not complete or otherwise deemed not eligible.



Scholarship Program
Wyoming Specialty Crop Grant Program
For Producers, Processors and Agricultural Specialists

1. Applications should 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 maybe 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 Wednesday August 1, 2010.

A signed hard copy must be mailed to:

Wyoming Department of Agriculture
Specialty Crop High Tunnel 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:



Scholarship Program
Wyoming Specialty Crop Grant Program
For Producers, Processors and Agricultural Specialists
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 _____
2. FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER _____
3. MAILING ADDRESS _____
4. CITY/ZIP _____
5. AGRICULTURAL ENTITY (Farm, Ranch, Institution, Association, Other) _____
8. PHONE _____ FAX # _____
10. E-MAIL ADDRESS _____ WEB ADDRESS _____
11. AGRICULTURAL EXPERIENCE. Give a brief description of your agricultural experience.

Applicant Name:

12. **SPECIALTY CROP EXPERIENCE.** Describe any experience you may have involving specialty crops.

13. **LETTER OF RECOMMENDATION.** Attach a letter of recommendation from an Agricultural organization, or manager if applicable with regard to your involvement in specialty crop production.

WORKSHOP, CONFERENCE OR TRADE EVENT INFORMATION

1. **Event** _____

1. **Location** _____

3. **DATES** _____

4. **TRAINING INFORMATION.** Attach an agenda of the training, workshop, conference, or trade event

5. **EXPERIENCE.**

A. Is this the first time you have applied for a specialty crop grant? No Yes

If no, describe?

Applicant Name:

6. **Goals** Clearly state the goal of the training. The purpose should include the specific issue, problem, interest, or need to be addressed and why the training is important and timely.

7. **Potential Impact.** Discuss how this training will impact other specialty crop producers, educators or the public. Any potential future economic impacts relevant to the project.

Applicant Name:

8. **Expected Measurable Outcomes.** For the training describe two measurable outcomes that directly support the trainings purpose. The objective of the training must be of direct importance to specialty crop producers or consumers.

BUDGET: All items must be specific to this project.

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

Applicant Name:

9. SCHOLARSHIP GRANT AMOUNT REQUESTED (not to exceed 2/3 of the eligible expenditures) \$_____
10. MAXIMUM SCHOLARSHIP AWARD (not to exceed \$1000)

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

Email Applications to
mary.randolph@wybusiness.org
tcraig@state.wy.us
and return signed hard copy of application forms to:
WYOMING DEPARTMENT OF AGRICULTURE
SPECIALTY CROPS SCHOLARSHIP GRANT PROGRAM
2219 CAREY AVENUE
CHEYENNE WYOMING 82002

Applicant Name:



Scholarship Program

Wyoming Specialty Crop Grant Program

Wyoming Specialty Crop Producers, Processors and Agricultural Specialists

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 | |
| (Grant award not to exceed \$1000 or 2/3 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: _____



Scholarship Program
Wyoming Specialty Crop Grant Program
Producer, Processor & Agricultural Specialist
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 training has accomplished the goals. The purpose should include the specific issue, problem, interest, or need that has been addressed and why the training was important and timely.

Impact. How has this training impacted your own operation and/or other specialty crop producers, educators or the consumer? Has there been any economic impact.

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Measurable Outcomes. Has the training accomplished its objective and describe the measureable outcomes.

BUDGET: All items must be specific to this project.

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

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:

ADDITIONAL COMMENTS

Return Reimbursement forms to:
**WYOMING DEPARTMENT OF AGRICULTURE
WYOMING SPECIALTY CROPS PROGRAM
SCHOLARSHIP GRANT PROGRAM
2219 CAREY AVENUE
CHEYENNE WYOMING 82002**