

ND Agricultural Products Utilization Commission

Farm Diversification Grant Application

The North Dakota **A**gricultural **P**roducts **U**tilization **C**ommission invites you to apply for a farm diversification grant. Priority is given to projects dealing with the diversification of a family farm to non-traditional crops or livestock or on-farm value-added processing of agricultural commodities. Traditional crops and livestock are generally defined as those for which the North Dakota Agricultural Statistics Service maintains statistics. The project will usually be judged on traditional/non-traditional grant request guidelines, but does not necessarily have to be a totally new crop, livestock or value-added processing venture. The proposed project must have the potential to create additional income for the farm unit.

To qualify for a Farm Diversification Grant you must be a current producer (25 head of cattle or more, and/or 100 acres or more and 51% of your total income must come from on farm operation).

- **Proposals must demonstrate a well-prepared plan of action to offer the commission.**
- **Markets for the product must have been researched and possible income must be projected.**
- **New and innovative plans for marketing products must also be evident.**
- **A sound business plan must show potential profits from diversifying.**

Applicants applying for these grants can receive help and must receive a letter of endorsement from one of following agricultural specialists, indicating that they have reviewed the projections in the grant request:

Adult Farm Management Instructors	Agricultural Loan Officers
Agricultural Mediation Service Negotiators	County Agents
Local Economic Developers	RC&D Coordinators
Regional Councils	

The Applicant Advisor/Fiscal Agent may charge a 5% fee for help received. Use any of the above-listed individuals; the fee should be included in the proposal budget.

Generally Farm Diversification grants will not exceed \$5,000 per application, plus 5% Fiscal Agent Fee.

Grant funds will be paid in two separate installments.

Grantees will be required to submit a final written report prior to the final disbursement; the results will be made available to other farmers.

Each project will be considered on an individual basis and on its own merits.

Please submit 5 copies of the Farm Diversification application form.

The Commission reserves the right to reject any grant application

FARM DIVERSIFICATION GRANT FORM

The mission of the Agricultural Products Utilization Commission is:
To create new wealth and jobs through the development of new and expanded
Uses of North Dakota agricultural products

By accepting a grant from APUC, you are agreeing to serve as a contact for individuals interested in pursuing a similar project.

A. APPLICANT INFORMATION

Applicant

Name _____
Address _____
City _____
State, Zip _____
Telephone _____
E-mail _____

Applicant Advisor

Name _____
Address _____
City _____
State, Zip _____
Telephone _____
E-Mail _____

Fiscal Agent (required)

Name _____
Address _____
City _____
State, Zip _____
Phone _____
E-mail _____

Applicants must receive a letter of endorsement from an agricultural specialist (refer to the list on the cover sheet of this application form) indicating that they have reviewed the projections in this request. The applicant advisor/Fiscal Agent may charge 5% of the total grant for their services paid for by APUC.

B. GENERAL DESCRIPTION OF THE PROJECT

1) Grant Application Amount: \$ _____
Estimated Total Cost of Project: \$ _____
(Grant applications for over \$5,000 must demonstrate immediate application to other farmers.)

2) Estimated Time of Completion of this Project _____
Date of Final Report _____
(Generally grants are for a 1 year period, if you need a longer period of time please specify)

3) Describe your project and how the grant funds will be used:

4) Describe your current farm or ranch operation.

5) Describe any special obstacles or challenges you will face, etc.

6) Describe your marketing strategy for this product. (How and where you will sell the products. What is the market potential, competition, marketing area, etc.)

7) What expected outcomes do you see resulting from this project?

8) What are the critical risks or concerns that must be addressed in order to make this project a success?

9) Please list the names and phone numbers of two references who are familiar with your work.

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____

C. CONCLUSION

By affixing your signature(s) to this application, the applicant(s) certify to have read and understood the Guidelines governing award of these grants and agree to all conditions set forth therein and that all information contained in this application package is true and to the best of the applicant's knowledge, information and belief.

The North Dakota Agricultural Products Utilization Commission reserves the right to modify or terminate any subsequent agreements with application if, at a future date, the Agricultural Products Utilization Commission becomes aware of material misrepresentation(s) contained in this application.

Name (type or print): _____ Applicant
Signature: _____
Title: _____
Date: _____

Name (type or print): _____ Applicant Advisor
Signature: _____
Title: _____
Date: _____

Name (type or print): _____ Fiscal Agent
Signature: _____
Title: _____
Date: _____

**SUPPLEMENT A
BUDGET PROPOSAL**

Expenditure	APUC Request	Internal ***	State Fund ***	Federal Funds ***	Other Matching Funds ***	Total
Salaries/Fringe Benefits (Name Recipients & anticipated amount for each)						
Equipment (Specify)						
Supplies (Specify)						
Travel (Specify)						
Marketing Costs (Specify)						
****Advertising Costs (Specify)						

Computer Lease or Rental Costs						
Consultant Fees <i>Attach copy of RFP's Business Plan</i> Feasibility Study Accountant Legal						
5% Administrative Fee ** Other Direct Costs (Specify)						
Building Construction Building Purchase Building Improvements Site Improvements						
Total						

** Application Advisor/ Fiscal Agent

*** List matching cost that are directly related to this phase of the project

**** Advertising costs are TV, Radio, Newspaper, Magazines ads

Shaded areas are not generally funded by APUC

Livestock Based Proposed Budget

Type of Livestock _____

Number of Livestock _____

Costs:

a. Livestock \$ _____

b. Purchased Feed \$ _____

c. Raised/owned Feed \$ _____

d. Veterinary & Medical \$ _____

e. Hauling \$ _____

f. Fuel \$ _____

g. Hired Labor \$ _____

h. Marketing Expense \$ _____

i. Special Building/fence or equipment \$ _____

Describe _____

j. other \$ _____

Describe _____

Total Cost \$ _____

Revenue expected to make from Livestock: \$ _____

How much unpaid family labor/management will be spent on this project:

Hours of Labor _____ Hours of Management _____

SUPPLEMENT B
Press Release Information Sheet

The information on this sheet may be used for public releases in announcements, press releases and other public information.

Applicant: _____

Contact Person: _____

Address: _____

Telephone: _____

Project Co-Sponsor(s): _____

Title of Project: _____

Project Start-Up Date: _____

Project Completion Date: _____

Brief summary of the project, product or process and proposed commercialization efforts:

Total funds requested from APUC: _____

Total project budget: _____

How will the grant funds be used? _____

Name and Title (type or print): _____

Signature: _____

Date: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

<p><i>The following information is requested by the Federal Government in order to monitor compliance with applicable Federal Civil Rights laws. You are not required to furnish this information, but are encouraged to do so. The law states that a provider of services may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the provider of services is required to note race, ethnicity, and sex on the basis of visual observation or surname.</i></p>	
Ethnicity (mark one)	Race (mark one or more)
<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	

Do not count this page as one of the 10 application pages, but it must be filed out.