## MARKETING AND UTILIZATION GRANT

N.D.C.C. chapter 4-14.1 sets forth authority for the North Dakota Agricultural Products Utilization Commission. N.D.C.C. chapter 4-14.10-01 sets forth the purpose of the Commission:

4.14.1-01. It is hereby declared to be the public policy of the state of North Dakota to protect and foster the prosperity and general welfare of its people by improving the agricultural economy of the state. In furtherance of this policy, it is the purpose of this chapter to provide necessary assistance to the research and marketing needs of the state by developing new uses for agricultural products, byproducts, and by seeking more efficient systems for processing and marketing agricultural products and by-products, and to promote efforts to increase productivity and provide added value to agricultural products and stimulate and foster agricultural diversification and encourage processing innovations.

The North Dakota Agricultural Products Utilization Commission is pleased to issue an invitation to apply for marketing and utilization, or a cooperative marketing grant. A marketing grant is to be used for the development or implementation of a sound marketing plan for North Dakota agricultural products and byproducts. Monies from this grant may be used for the purpose of marketing a product or to formulate or implement marketing plan by individuals, a group of individuals or an individual on behalf of a group to organize a cooperative. If a cooperative, the principals in the organization should be individuals rather than a previously existing corporation and those individuals must have some type of cooperative agreement between themselves, which will ensure proper accountability for the proposed plan. This may be a formal or informal agreement, but proof of an agreement must exist. Individuals and cooperatives are encouraged to seek marketing partners within the state of North Dakota.

Applicants for the grant are encouraged to use the funds to seek new markets and new marketing ideas to promote their products. Generally grant funds are limited to North Dakota companies or cooperatives. The products should be new to the particular area targeted for the marketing promotion or should be an expansion of a use or uses of existing products.

The Commission prefers proposals that will encourage the creation of jobs and industry within the agricultural economy of North Dakota, or provide an outlet for products that normally have not been marketed through an existing marketing business. Applicants are encouraged to research the potential market for their products, estimate the financial possibilities of these markets and present a plan of action in their grant application. A realistic time-line for success must be considered. *Generally grants should be for a 1-year time frame, projects that have advanced can reapply for a 2<sup>nd</sup> grant.* The proposal should exhibit the expansion of jobs in the agricultural economy where the project will take place and the economic impact on the area.

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

#### The Commission reserves the right to reject any grant application.

APUC Commissioners will consider the first 15 applications received by the deadline, 1<sup>st</sup> time applicants will be given preference.

Applications will be considered on a quarterly basis with deadlines for applications falling on:

January 1, April 1, July 1, and October 1.

# **Agricultural Products Utilization Commission Application 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

<u>Applicant</u>	Applicant Advisor				
Name	Name				
Address					
	City				
State, Zip	State, Zip				
Phone	Phone				
E-mail	E-mail				
Name Address City State, Zip Phone E-mail	iscal Agent (required)  to exceed \$1,000, for their services paid for by APUC  re applying for)				
	RANT COOPERATIVE MARKETING GRANT				
	of for individual - \$25,000 for collective of 5 or companies)				
<ul> <li>B. GENERAL DESCRIPTION OF THE</li> <li>1) Grant Application Amount: \$</li> <li>2) Estimated Total Cost of Project: \$</li> <li>3) Estimated Time of Completion of this Date of Final Report</li> </ul>	IE PROJECT				

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Financial Information:	City State
1. Applicants' match (personal/co	ompany's dollar investment):
2. Other matching funds Person/Business	<u>Amount</u>
	<u> </u>
	<u> </u>
	er matching funds should equal total amount of matching funds) s been secured?
a, Have all your matching funds  Yes  If no, when will funds be	been secured?  No available?  public/private funding previous to this proposal?
a, Have all your matching funds  Yes  If no, when will funds be  b. Has this project received any  Yes	been secured?  No available?  public/private funding previous to this proposal?  No If yes, list the source and amount:
a, Have all your matching funds  Yes  If no, when will funds be  b. Has this project received any  Yes	been secured?  No available?  public/private funding previous to this proposal?  No If yes, list the source and amount:  Amount
a, Have all your matching funds  Yes  If no, when will funds be  b. Has this project received any  Yes	been secured?  No available?  public/private funding previous to this proposal?  No If yes, list the source and amount:  Amount  \$
a, Have all your matching funds  Yes  If no, when will funds be  b. Has this project received any  Yes  Source	been secured?  No available?  public/private funding previous to this proposal?  No If yes, list the source and amount:  Amount  \$
a, Have all your matching funds  Yes  If no, when will funds be  b. Has this project received any  Yes  Source  c. Have you received previous for	been secured?  No available?  public/private funding previous to this proposal?  No If yes, list the source and amount:  Amount  \$
a, Have all your matching funds  Yes  If no, when will funds be  b. Has this project received any  Yes  Source  c. Have you received previous for	s been secured?  No available?  public/private funding previous to this proposal?  No If yes, list the source and amount:  Amount  \$  unding from APUC?  No If yes list the project and amount:  Amount
a, Have all your matching funds  Yes  If no, when will funds be  b. Has this project received any  Yes  Source  c. Have you received previous functions are supported by the support of th	s been secured?  No available?  public/private funding previous to this proposal? No If yes, list the source and amount:  Amount  \$  unding from APUC?  No If yes list the project and amount:  Amount  \$  \$  unding from APUC?

## **D.** Business Information:

1) Date of business format	ion	
a. Type of business struc	eture and date formed:	
1. Sole Proprietors		
2. Corporation		
3. Partnership	(1	ist name & address of partners)
4. Cooperative		
	perative been formed	
	f people in cooperative	) Yes
	nticipated business structure and	
b. Primary Financial In	stitute	
c. Gross sales last finar	ncial year?	
d. Anticipated benefit of	of business	
Estimated gross sales:	Estimated Capital Expens	es: Estimated number of jobs created
Year 1 \$	Year 1 \$	Year 1
Year 2 \$	Year 2 \$	Year 2
Year 3 \$	Year 3 \$	Year 3
E. Grant Informatio		tota nome of anofossional assuices
used	used for the following please, s	tate name of professional services
a. Who is doing th	e Business Plan?	
b. Who is doing th	e Feasibility Study?	
c. Who is doing th	e Accounting?	
d. Who is doing th	e Legal work?	
2) Describe the product to	be marketed.	
3) Do you have a marketin	g plan yes no, if yes	describe the marketing plan.
a. Who will be doing the	ne market plan?	
b. Describe market res	earch <i>that's been</i> done to date t	0

4)	Describe intended market and potential customers.	
5)	Who will be doing your marketing and do they have market management experience expertise?	and
6)	What are the critical risks or concerns that must be addressed in order to make this pr	oject a success?
	a. Who are your competitors?	
7)	How large a marketing area is anticipated?	
	a. In state?	
	b. Out of state?	
	Include a resume, no longer than one page, for the principal applicant and <i>key</i> participal emphasizing job history pertaining to marketing efforts.	oants
9)	Please list the name and phone numbers of two references who are familiar with the relevant to this application. The Commission will contact these references.	applicant's work
	Name	
	Address	
	Phone	
	Name	
	Address	
	Phone	

#### F. INSTRUCTIONS

- 1) Applications, including all supplements, should be limited to 12 pages. Promotional materials or unrelated materials will be discarded. The supplements to be completed by the applicant are attached as follows:
  - a) Supplement A Project Budget
  - b) Supplement B Press Release Information Sheet
- 2) Twelve (12) copies of the proposal must be delivered or mailed to the Commission at:

North Dakota Agricultural Products Utilization Commission PO Box 2057 Bismarck, ND 58502-2057

#### **G. 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 agrees to all conditions set forth therein and that all information contained in this application package is true 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 applicant 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):	Advisor
Signature:	
Title:	
Date:	
Name (type or print):	Fiscal Agent
Signature:	
Title:	
Date:	

# **SUPPLEMENT A**

**Project Budget** 

	T		Trojecti			1
Expenditure	APUC	Internal	State	Federal	Other Matching Funds ***	Total
	Request	(Applicant Money) ***	Fund ***	Funds ***		
*Colonias/Enimas Des- 64		Money) ***				
*Salaries/Fringe Benefits						
(Name Recipients &						
anticipated amount for						
each)						
*E a						
*Equipment						
(Specify)						
Supplies						
(Specify)						
Travel						
(Specify)						
<b>Marketing Costs</b>						
(Specify)						
(Specify)						

****Advertising Costs (Specify)			
Computer Lease or Rental Costs			
Consultant Fees Attach copy of RFP's Business Plan			
Feasibility Study			
Accountant			
Legal			
<b>Business Manager</b>			
5% Administrative Fee ** Other Direct Costs (Specify)			
TOTAL			

Shaded areas are not generally funded by APUC

<sup>\*</sup> The Commission does not typically fund equipment or salaries

\*\* Application Advisor/ Fiscal Agent - up to 5%

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

<sup>\*\*\*\*.</sup> Advertising costs are TV, Radio, Newspaper and Magazine Ads

# **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:
What will the grant funds be used?
Name and Title (type or print):
Signature:
Date:

#### INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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. **Ethnicity** (mark one) **Race** (mark one or more) ☐ White ☐ Not Hispanic or Latino ☐ Black or African American ☐ American Indian/Alaskan Native ☐ Hispanic or Latino ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Female Sex: ☐ Male

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