

# APPLICATION FORM TECHNICAL ASSISTANCE GRANT PROGRAM Agricultural Products Utilization Commission

## INSTRUCTIONS

This application, including Supplement A (Project Budget) should be limited to 5 to 7 pages. Promotional materials or unrelated materials will be discarded. Two (2) copies of this application and the supplement may be mailed to the Commission at:

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

You may also fax to the Commission at: 701-328-5320.

## IN ADDITION TO COMPLETION OF THIS FORM – PLEASE READ THE TECHNICAL ASSISTANCE GRANT GUIDELINES

Person Filling Out This Application Form	E-mail	Date Form Filled Out
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### A. APPLICANT INFORMATION

<b>Applicant Company</b>	
Company Name	
Mailing Address	
City/State/ZIP	
Phone	Fax
E-Mail	
Registration Number (from ND SOS)	
Company Type (NAICS Code)	
Describe what your company does (i.e. markets, products, services)	

<b>Applicant Advisor (If Any)</b>	
Company Name	
Mailing Address	
City/State/ZIP	
Phone	Fax
E-Mail	

<b>Applicants Fiscal Agent *</b>	
Organization Name	
Mailing Address	
City/State/ZIP	
Phone	Fax
E-Mail	

\* Each applicant will need to designate a Fiscal Agent. The Fiscal Agent will receive the proceeds of the approved grant directly from APUC on behalf of the approved applicant. The Fiscal Agent is then responsible for the release of those funds directly to the approved applicant company upon proof of expenditure related to the funded project. The Fiscal Agent may be paid up to 5%, not to exceed \$1,000, of the total project cost from grant funds for their services. You can indicate potential compensation to the Fiscal Agent in the Project Budget.

**B. COMPANY BACKGROUND**

1. What are your company's growth targets or expectations?	

2. To meet those targets, what areas of your business will you need to improve upon? <i>List below and place a check mark next to those areas where outside assistance is needed.</i>	✓

**C. COMPANY EXPERIENCE WITH CONSULTANTS**

1. What type of outside consulting assistance (if any) have you used in the past three years? <i>List below and rate your company's satisfaction with that assistance (rate on scale of 1 to 5; 5 is high)</i>	Outside Assistance Rating
	1 2 3 4 5
	1 2 3 4 5
	1 2 3 4 5

2. Which of the following are the greatest barriers for your company in using consultants? <i>Please check all which apply.</i>	✓
Identifying the consultant we need with the right expertise.	
Lack of information concerning consultant qualifications.	
Lack of consultant objectivity.	
Difficulty paying for consultants.	
Difficulty defining what our needs are.	
Difficulty negotiating agreements with consultants.	
Ability to manage consultants effectively.	
Ability to complete improvements – once the consultant leaves.	
Other (please describe)	

**D. GENERAL DESCRIPTION OF THE PROPOSED PROJECT**

1. Briefly describe your company's proposed project and how the grant funds will be used. <i>(What needs will the project address? What work will be performed under the project? What will the project help the company to accomplish?)</i>

2. What is the total estimated cost of this project?	
3. What amount of grant funds are you requesting from APUC for the project?	
4. When would your company like to begin this project?	
5. When do you believe your company will complete this project?	
<i>Generally, grants are provided for a 1 year period. Please specify if your company needs a longer period of time. Interim reports during the project and a final report at the end of the project may be required by APUC.</i>	

6. How do you propose your company measure the impact of this project?	
7. What return on investment do you expect from this improvement project? <i>Example: we expect a 2:1 return on investment (\$2 in benefits for every \$1 investment) in this project.</i>	

8. Beyond the dollars invested in this improvement project, what additional investments (if any) does your company anticipate making either with this project and/or as an anticipated result of this project.		
Investment	Description	Estimated Amount
Plant or Equipment		\$
Employee Skills – Workforce		\$
Information Systems – Software		\$
Other Areas		\$
9. As part of your proposed project, will you need assistance in making the best investment(s) for your company and/or in saving money on these investments?		Yes      No

**E. COMPANY SUPPORT FOR PROPOSED PROJECT**

1. What is the total company support (match) provided for this project?	\$	
<i>(Applicants' match should equal at least 33% of the total project cost. Your application will not be considered by APUC without a commitment letter specifying your support for this project.)</i>		
2. Of the total company support how much cash is being invested?	\$	
3. What total company supports (if any) is in-kind support (non cash supports)?	\$	
4. Has this project received any public/private funding previous to this proposal?	Yes	No
5. Has your company received previous funding from APUC?	Yes	No
If yes, list the project(s) and the project(s) amount.		

**F. ADDITIONAL COMPANY INFORMATION**

After receipt of this application, APUC (at its option) will request The Dakota Manufacturing Extension Partnership (TD MEP) conduct an objective assessment of the company with the ownership and/or key

managers. This is part of the application process and is provided at no cost to the company. The assessment will include basic background information (i.e. ownership, products, markets, employment, facilities) and identification of your company's needs. The assessment will be conducted as part of a site visit to your company and tailored to the specific needs identified in the company's application.

As a result of the assessment by TD MEP, your company may solicit a proposal by TD MEP to provide the work identified for the project. TD MEP and the company will develop an agreed to and a clearly defined scope of work, including project cost and a method of measuring the impact of the work. Upon completion, applicant is responsible for submission of their scope of work to APUC as part of the application process. This scope of work is an integral part of the overall application for funding from this Technical Assistance Grant.

You may also elect to have another service provider develop a scope of work for submission to APUC as part of your application. This service provider may be eligible to work as a subcontractor to TD MEP and/or may contract directly with your company.

TD MEP will provide brief overview of its company visit(s) to APUC and any recommendations for funding. This information will be used by APUC to help them make a determination on supporting and funding your grant request.

## **G. SIGNATURES**

By affixing your signatures to this Application, the Applicants certify to have read and understood the Technical Assistant Grant Application and Guidelines governing award of these grants. Further, Applicants agree to all conditions set forth therein and that all information contained in this Application is true and accurate to the best of the Applicant's knowledge, information and belief.

By accepting a grant from APUC, you are also agreeing to serve as a contact for individuals interested in pursuing a similar project and also authorize APUC to use information about the project for public release in announcements, press releases and other public information.

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.

### **Applicant**

Name (type or print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Advisor**

Name (type or print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Fiscal Agent**

Name (type or print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>SUPPLEMENT A</b>				
<b>APUC TECHNICAL ASSISTANCE GRANT</b>				
<b>PROJECT BUDGET</b>				
Expenses	APUC Request	Applicant Funds	Applicant In-Kind Support	Total
Salary / Fringe Benefits (List Each Person Below)	<b>Not Funded By APUC</b>	\$	\$	\$
Travel (Specify)	\$	\$	\$	\$
Equipment (over \$5,000)	<b>Not Funded by APUC</b>	\$	\$	\$
Supplies (Specify)	\$	\$	\$	\$
Contractual (List Each Service Provider)	\$	\$	\$	\$
Other (Specify)	\$	\$	\$	\$
5% Fiscal Agent Fee (If Applicable)	\$	\$	\$	\$
<b>Total Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**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 for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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>	
<p><b>Ethnicity (mark one)</b></p>	<p><b>Race (mark one or more)</b></p>
<p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> Hispanic or Latino</p>	<p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p>
<p><b>Sex:</b>    <input type="checkbox"/> Female</p> <p>            <input type="checkbox"/> Male</p>	

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