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| arm-lwr-520.doc x(rev 01/22) | | | | | | | | | | | | | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Agricultural Resource Management  PO Box 8911, Madison, WI 53708-8911 | | | | | | | | | | | | | | | |
| NMFE Program Grant - *Cover Page* | | | | | | | | | | | | | | | | |
| (s. 92.14, Wis. Stats.) Any personally identifiable information, as defined under s. 19.62(5), Stats., requested on this form may be used for purposes other than that for which it is originally being collected (s. 15.04 (1) (m), Wis. Stats.). Confidentiality of this information will be maintained to the extent authorized by law. | | | | | | | | | | | | | | | | |
| SUBMITTED BY: | | | | | EMAIL: | | | | | | | | PHONE:  (     )     - | | | |
| Name of Organization: | | | | | | | | | **Grant Request:**  **$** | | | | | | | |
| Are you seeking Tier 1 or Tier 2 funding? | | | | | | Tier 1 | | | Tier 2 | | | | | | | |
| Are you seeking continued funding for a prior funded Nutrient Management Farmer Education project? | | | | | | | | | | | | | | | | |
| Yes, this project will continue an ongoing effort. | | | | | | | | | No, this will be a new project. | | | | | | | |
| What best describes the geographic focus of your project? | | | | | | | | | | | | | | | | |
| Statewide | | County | | Group of counties | | | | Watershed | | Other: |  | | | | | |
| Electronic signature(s) of project manager and/or fiscal manager. By signing this application, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that false statements or misrepresentations may subject me to legal action by DATCP. | | | | | | | | | | | | | | | | |
| PROJECT MANAGER NAME | | | | | | | | | TITLE | | | | | | | |
| ADDRESS STREET | | | | | | | CITY | | | | | | | STATE | | ZIP |
| BUSINESS PHONE:  (     )     - | | | | | | | EMAIL: | | | | | | | | | |
| SIGNATURE [TYPE NAME]: | | |  | | | | | | | | | | | | | |
| FINANCIAL MANAGER NAME | | | | | | | | | TITLE | | | | | | | |
| ADDRESS STREET | | | | | | | CITY | | | | | | | STATE | | ZIP |
| BUSINESS PHONE:  (     )     - | | | | | | | EMAIL: | | | | | | | | | |
| SIGNATURE [TYPE NAME]: | | |  | | | | | | | | | | | | | |
| 1. PROJECT SCOPE | | | | | | | | | | | | | | | | |
| Question 1: How many farmers **new** to nutrient management planning do you intend to involve in your project and (estimate) how many acres this will involve? | | | | | | | | | | | | New Farmers: | | | New Acres: | |
| Question 2: How many farmers who are **currently** doing nutrient management planning do you intend to work with during your project and (estimate) how many acres this will involve? | | | | | | | | | | | | Farmers currently following a plan: | | | Acres currently under a plan: | |

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| 1. TIMETABLE/WORKPLAN: | | | |
| List chronologically (with approximate dates) the specific steps, actions or activities that will occur during your project. Please provide some description for each step, action or activity. | | | |
|  | | | |
| 1. IMPLEMENTATION & FOLLOW UP: | | | |
| Please describe how you intend to assist participants in the implementation of their plan. How will you determine that plans are being implemented? (ex. Plan update classes, farm visits, one-on-one follow-up, etc.)? | | | |
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| 1. Section D. QUALIFICATIONS:   Provide names and relevant work experience for up to 2 key project staff.  (Note: DATCP staff can assist with training the trainers, but should not be listed as project staff.) | | |
| Check box if project staff need additional training to deliver the NMFE Curriculum. | | |
| Project Staff #1 Name: |  | |
| Project Responsibilities: |  | |
| Relevant Work Experience and/or credentials/certification (ex. Certified Crop Advisor): | |  |
| Project Staff #2 Name: |  | |
| Project Responsibilities: |  | |
| Relevant Work Experience and/or credentials/certification (ex. Certified Crop Advisor): | |  |

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| NMFE Program Grant - **Budget Request** | | | | | (s. 92.14, Wis. Stats.) | | |
| NAME OF ORGANIZATION: |  | | | | | | |
| Training Participant Payment—Soil Testing (Tier 1 projects only)  Description: Each participant may be reimbursed for soil testing costs for land covered by a nutrient management plan, but not to exceed $750/participant. Complete lines 1. and 2. to determine overall payments.   1. (# of new participants) x       (payment per participant) = 2. (# of participants with plans) x       (payment per participant) = | | |  | Grant Request | | In-Kind or Direct Support | Annual Award  (funder completes) |
| Total |  | |  |  |
| Training Participant Payment—Manure Analysis (Tier 1 projects only)  Description: Each participant may be reimbursed for manure analysis costs for their nutrient management plan. Multiple source analyses are allowed, but not to exceed a total of $100/participant. Complete lines 1. and 2. to determine overall payments.   1. (# of new participants) x       (payment per participant) = | | |  | Grant Request | | In-Kind or Direct Support | Annual Award  (funder completes) |
| Total |  | |  |  |
| Training Participant Payment—Stipend, Voucher or Instructional or Incentive Payment (Tier 1 projects only)  Description: Each participant can be provided a payment of no more than $700/participant. Complete lines 1. and 2. to determine overall payment. Projects cannot request reimbursement in “Payments for Persons Performing Administrative or Training Activities” category if participants who receive NM training are charged a tuition fee.   1. (# of new participants) x       (payment per participant) = 2. (# of participants with plans) x       (payment per participant) = | | |  | Grant Request | | In-Kind or Direct Support | Annual Award  (funder completes) |
| Total |  | |  |  |
| Payments for Persons Performing Administrative or Training Activities  (Tier 1 and tier 2 project)  Description: The maximum allowable payment in this category is 25 percent of the grant request for Tier 1 and Tier 2 projects. It is limited to: subcontractor fees, and employee salary and fringe benefits for persons who administer or provide training required under this grant. Per s. 20.115(7)(qf), Wis. Stats., counties are prohibited from receiving funds to support land conservation department staff. Additionally, funds shall not pay for staff of educational institutions if tuition vouchers or instructional payments are requested above. Complete line 1. to determine total.   1. (# of hours) x       (salary/benefits or other rate) = | | |  | Grant Request | | In-Kind or Direct Support | Annual Award  (funder completes) |
| Total |  | |  |  |
| Payments for Support Costs (Tier 1 and tier 2 project)  Description: The maximum allowable payment in this category for Tier 1 projects is 10 percent of the grant request and for Tier 2 projects there is no limit. Support costs must be directly related to holding workshops or other training session. Complete lines 1-4 for each of the eligible costs you are requesting: | | |  | Grant Request | | In-Kind or Direct Support | Annual Award  (funder completes) |
| 1. Mileage per allowable state rates | |  |  |  | |  |  |
| 1. Facility rentals, meals and expenses directly related to holding workshops or other training session | |  |  |  | |  |  |
| 1. Equipment leased or purchased to carry out nutrient management training such as soil probes and hand held GPS | |  |  |  | |  |  |
| 1. Information and education materials, training supplies, computer supplies including memory sticks, maps and plats, photocopying, printing and postage. | |  |  |  | |  |  |
| PROJECT TOTALS | | | |  | |  |  |

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| NMFE Program Grant - **Budget Request** | | | | | | (s. 92.14, Wis. Stats.) | | |
| NAME OF ORGANIZATION: |  | | | | | | | |
| Laptop Purchase for Training (Tier 1 projects – counties only)  Description: As a separate line item from the $20,000 threshold for Tier I projects, Counties can purchase laptop computers, MS Office Software, and accessories such as a mouse for each computer for a maximum reimbursable payment of $2,000.  Complete lines 1-3 to determine overall payments. | | |  | Grant Request | In-Kind or Direct Support | | Annual Award  (DATCP completes) | |
| 1. (# of laptops) x       (cost per laptop) = | |  | Total |  |  | |  | |
| 1. (# of laptops) x       (cost of MS Office per laptop) = | |  |
| 1. Computer accessories: mice, protective cases | |  |
| **PROJECT TOTAL INCLUDING LAPTOPS** | | | |  |  | |  | |
| 1. Budget Narrative: | | | | | | | |
| Please provide any additional information to better describe the use of funds listed in the attached Budget Request. Specifically, please describe how payments for support costs will be used, provide a breakdown of staff time and if tuition is required for farmer participants please provide a breakdown of costs being covered by tuition payments. | | | | | | | |