

Agriculture Marketing and Development Division

## Dairy Business Planning Grant Application

The Dairy Business Planning Grant encourages business planning for Minnesota dairy farms. Grants cover 50% of the cost to hire a qualified, independent third party to create a business plan for a dairy operation. Dairy producers have used these grants to evaluate the feasibility of new opportunities such as but not limited to expanding a dairy, plan environmental upgrades, market research on value-added on farm products, development of human resource and/or safety plans, diagnostic testing and consulting and creating strategies to transfer the operation to a family member or other new owner. The grant will not cover any capital purchase.

Following the completion of the project, a business plan must be submitted to the Minnesota Department of Agriculture (MDA) at [mda.livestockgrants@state.mn.us](mailto:mda.livestockgrants@state.mn.us) and contain the following key components to receive payment:

- Executive Summary
- Short and Long Term Goals and Objectives
- Analysis of Proposed Business Changes
- Financial projections on how the business plan will change operations on the farm.

Applications will be reviewed in the order in which they are received. Applications received by May 1 of each year will be prioritized; applications that are received afterwards may be put on hold until after July 1.

First Name:		Last Name:			
Email Address:		Phone Number:			
Farm Name (if applicable):		Farm City:			
Farm County:					
Mailing Address (must match the IRS form):					
City:		State:		Zip:	
ORGANIZATIONAL STRUCTURE					
Sole proprietorship	Partnership	LLP	LLC	Estate	Trust
Corporation (Incorporated)		Other:			

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## FARM SUMMARY

Briefly provide a summary of your farm. At a minimum, this should include who is involved in the operation, the number of years dairy farming, the number of milking animals/youngstock, and background information pertaining to the need for a new or updated business plan.

## GOAL OF BUSINESS PLAN

Briefly describe your goal for working with a consultant to create a business plan to make the farm more sustainable or viable.

## PROFESSIONAL SERVICES

Complete the table below outlining the professional services you will be using for the development of your business plan. Only expenses incurred after the grant contract agreement has been signed by all parties are eligible for reimbursement. No advances will be given. At the completion of the project, recipients must submit an invoice and proof of payment and a business plan.

Description (Business Planning, Pre-engineering, Legal, Etc.)	Vendor	Total Cost	Applicant's Match	Dairy Grant Request

Provide background information from the consulting firm(s) so that the MDA can evaluate the company's professional qualifications to perform the proposed services. All professional services must be provided by an independent third party that is acceptable to the MDA.

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## IRS FORM W-9

Complete an IRS Form W-9. You must complete boxes 1, 2, 3, 5, and 6, include your social security number or Employer Identification Number, and sign and date at the bottom. The form is available at [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf) or [DocuSign](#).

## ACKNOWLEDGEMENTS AND ATTESTATIONS

You must check each of the following boxes to attest that you meet all the qualifications and understand the requirements of the program.

	Our farm is compliant with Minnesota state regulations.
	If no, how will the development of a comprehensive business plan help you become compliant?
	My farm and I are In good standing with the state. (No back taxes owed, no defaults on Minnesota state-backed financing for the past seven years, and acceptable performance on past MDA grants.)
	I am a current Minnesota resident or business authorized to farm in Minnesota.
	I am the principal operator or have the authority to apply on behalf of the farm and no other application is being submitted from this farm.
	I have not been convicted of a criminal offense, such as theft, embezzlement, and forgery, related to a state grant agreement.
	Under <a href="#">Minn. Stat. § 270C.65</a> , Subd. 3, and other applicable law, I understand that my Social Security number, federal employer tax identification number, and/or Minnesota tax identification number, already provided to the State, may be used by federal and state tax agencies and state personnel involved in the payment of state obligations. These identification numbers may be used in the enforcement of federal and state tax laws which could result in action that requires filing of state tax returns and paying delinquent state tax liabilities, if any.
	As required under <a href="#">Minn. Stat. § 16B.98, Subd. 8</a> , I agree to keep all related records and receipts and make them available to the MDA, State Auditor, or Legislative Auditor for a minimum of six years.
	I acknowledge that I have read and agreed to the Privacy Notice on page 4.
	I affirm that the information I am submitting is true, complete, and accurate.

## SUMMARY

You must submit the following to the MDA for your application to be considered complete:

	Completed application form with your signature.
	IRS Form W-9, signed and dated (available at <a href="http://www.irs.gov/pub/irs-pdf/fw9.pdf">www.irs.gov/pub/irs-pdf/fw9.pdf</a> or <a href="#">DocuSign</a> ).
	Check here if you submitted your IRS Form W-9 through DocuSign instead of attaching to this application.

## APPLICANT'S SIGNATURE

Signature	Date

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651-201-6000. TTY users can call the Minnesota Relay Service at 711. The MDA is an equal opportunity employer and provider.