

**Wyoming Department of Agriculture  
Specialty Crop Small Grant Program Application**

**GENERAL INSTRUCTIONS**

- ◆ Application form must be completed in its entirety and required documentation attached.
- ◆ Please print or type.
- ◆ Incomplete applications will not be reviewed.

**BUSINESS INFORMATION**

1. NAME OF AGRIBUSINESS \_\_\_\_\_
2. FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER \_\_\_\_\_
3. MAILING ADDRESS \_\_\_\_\_
4. CITY/ZIP \_\_\_\_\_
5. AGRIBUSINESS ENTITY (Corp, Partnership, Sole Proprietor, Other) \_\_\_\_\_
6. PRESIDENT (if Corporation) \_\_\_\_\_ OR OWNER \_\_\_\_\_
7. MANAGER (If Different) \_\_\_\_\_
8. PHONE \_\_\_\_\_ FAX # \_\_\_\_\_
9. YEARS IN BUSINESS \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_
10. E-MAIL ADDRESS \_\_\_\_\_ WEB ADDRESS \_\_\_\_\_
11. AGRIBUSINESS DESCRIPTION. Give a brief description and history of your operation.

12. **SPECIALTY CROP EXPERIENCE.** Describe any experience you may have involving specialty crops.

13. **LETTER OF RECOMMENDATION.** Attach a letter of recommendation from you local extension office, County Commissioner, Farm Bureau etc with regard to the farm/ranch and your involvement in agriculture production.

14. **BUSINESS/MARKETING PLAN.** Attach a one-page summary of your business plan, which addresses your marketing strategy and includes the previous year's sales figures.

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## PROJECT INFORMATION

1. **PROJECT NAME** \_\_\_\_\_
2. **LOCATION OF PROPOSED PROJECT** \_\_\_\_\_
3. **START AND COMPLETION DATES** \_\_\_\_\_
4. **PROJECT INFORMATION.** Describe the Project and how it will benefit your operation.

5. EXPERIENCE.

A. Is this the first time you have applied for this grant? \_\_\_No \_\_\_ Yes

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If no, what was the past project?

6. GOALS OF PROJECT

7. MEASUREMENTS AND OUTCOMES OF PROJECT

8. WORK PLAN

PROJECT BUDGET. All items must be specific to this project.

ITEM	ITEMIZED EXPENSES	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
TOTAL		

9. GRANT AMOUNT REQUESTED (not to exceed 50% of eligible expenditures) \$ \_\_\_\_\_

10. MAXIMUM GRANT AWARD (not to exceed \$2000)

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*I certify that the information provided is true and correct to the best of my knowledge. If approved for the specialty crop grant, I agree that the business will assume sole responsibility of any and all debts or liabilities that may be incurred from this project; and will provide the required documentation to the Wyoming Department of Agriculture upon request.*

Signature

Title

Date

***Return application forms to:***  
**SPECIALTY CROP SMALL GRANTS PROGRAM**  
**WYOMING DEPARTMENT OF AGRICULTURE**  
**2219 CAREY AVENUE**  
**CHEYENNE WYOMING 82002**