Meat Processing Infrastructure Program
Application

Contact Information

Applicant information:

Point of contact: _____

Point of contact telephone: _____

Point of contact email: _____

Organization/Business name: _____

Organization/Business mailing address: _____

Organization/Business county: _____

Organization/Business telephone: _____

Authorized representative (AR):

_____ Person authorized to sign contracts on behalf of business/organization is same as point of contact above (if different from above please provide the following)

AR name: _____

AR title: _____

AR telephone: _____

AR email: _____

Project Summary

Grant request:

Project name: _____

Total project cost: _____

Matching funds (*15%*): _____

Grant request (*subtract matching funds from total project cost*): _____

Expected project start date: _____

Expected project end date: _____

Project description – *Provide a brief description of your project outlining what you plan to purchase and why. How will your project support the goals of increased capacity, supporting labor saving efficiencies, and/or encouraging value-added products in New Hampshire's meat and poultry processing industry?*

Organization/Business description – *Provide a brief description of your organization/business and its role in the meat or poultry processing industry in New Hampshire. (2000 character limit)*

Budget

All expenses described in this Budget Narrative must be associated with expenses that will be covered by the Meat Processing Infrastructure Program

Budget summary

Expense Category	Total
Equipment	
Supplies	
Contractual	
Total project cost	
Matching funds (15% of total project cost)	
Total grant request	

Equipment

Describe all equipment to be purchased

#	Item Description	Acquire When?	Cost
1			
2			
3			
4			
5			
6			
7			

Equipment subtotal: _____

Supplies

Describe all materials, supplies, and fabricated parts to be purchased

Item Description	Per-Unit Cost	# of Units	Acquire When?	Cost

Supplies subtotal: _____

Contractual

Describe all contractual costs for goods or services performed by an individual or business other than the applicant

#	Name/Business	Hourly or Flat Rate	Cost
1			
2			
3			
4			
5			
6			
7			

Contractual subtotal: _____