** **

**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.*

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| **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:**