

Agricultural 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:   |       |
| <b>ORGANIZATIONAL STRUCTURE</b>            |             |               |     |        |       |
| 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<br>(Business Planning, Pre-engineering, Legal, Etc.) | Vendor | Total Cost | Applicant's Match | Dairy Grant Request |
|--|--------|------------|-------------------|---------------------|
|  |        |            |                   |                     |
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|  |        |            |                   |                     |

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.   |

## PRIVACY NOTICE

The information provided as part of the Dairy Business Planning Grant application will be used to assess the applicant's eligibility to receive payment under this program and to fulfill applicable financial reporting requirements. Completing this application is voluntary; applicants are not legally required to provide MDA with the information requested, but only completed applications will be considered. While much of the information applicants provide is classified by Minnesota law as public, some of the information may be classified by law as private or nonpublic at MDA. Data classified as private or nonpublic will be accessible only to MDA employees and contractors that have a work assignment that requires access to the data, and to other entities authorized by law to receive the data. The MDA may be obligated to provide the data to law enforcement agencies, the Minnesota Department of Administration, Minnesota Management and Budget, the Office of the State Auditor, or the Office of the Legislative Auditor. If necessary to commence or defend a legal proceeding, the data may be shared with the Minnesota Attorney General's Office and Minnesota or federal courts. Finally, private data about you or nonpublic data about your business may be released to third parties through your informed consent, or pursuant to a valid court order or subpoena that requires such disclosure.

Internal Revenue Service code Section 6109 requires applicants to provide their correct taxpayer identification number to payers who must file information returns with the IRS. The MDA will use the information provided on the applicant's W-9 form to report payments received as part of this program to the IRS. The IRS uses the numbers for identification purposes and to help verify the accuracy of the applicant's tax return. For more information on how the information provided on a W-9 may be used, refer to the Privacy Act Notice on page 6 of the W-9 form.

## APPLICANT'S SIGNATURE

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|