



NYS MEAT PROCESSING EXPANSION GRANT APPLICATION

All information provided in this application will remain confidential.

Section One: Applicant Information					
Name:	County:				
Legal Name of Applicant:					
Name of Person Authorized to Apply o	n behalf o	f Applicant:			
Physical Street Address:		City:		State:	
Mailing Address:					
Email:	Phone:		Zip:		
Federal Taxpayer ID:	Тах Мар	#:	DEC	EC Permit (NY-2C) #:	
Authorized O	rganizat	ion Representative (A	OR)		
List the person who will be the mair		•	and v	who is responsible	
for signing any documentation in th	e event a	grant is awarded.			
Title:					
Phone Number:					
Email:					
Mailing Address:					
Description of Facility and Ownership					
Describe how you own and control or rent and have access to the facility/land where the project is located. If you rent, please indicate the term of the lease. Also include the facility's access to utilities and the square footage of all buildings. Describe the capacity of the water and wastewater systems and whether increased capacity will be required as a result of the proposed project.					

Brief description of your business (200 words or less)			
Licenses (Check all that apply)			
USDA/FSIS□ USDA/FSIS Exotic □			
$ullet$ USDA Custom Exempt \square			
 NYS 5A □ NYS 20C □ 			
NYS 20C □NYS Food, Fish & Crustacea Dealer & Sh	ipper 🗆		
Please attach your Certifications/Letters of	Incorporation to the Application:		
☐ Business Corporation	☐ Partnership		
☐ Subchapter S Corp.	☐ Cooperative		
☐ Sole Proprietorships	☐ Not-for-profit		
☐ Limited Liability Company	☐ Other (Please specify)		

Livestock Type and Number of Animals Processed per Week:

☐ Beef Steers					
☐Culled Dairy Cows					
□Pork					
□Lamb					
□Goat					
□Veal					
□Chicken					
□Turkey					
Other (Ex. Rabbits, Bison	n,				
Emu, Deer)					
Please enter number	of emp	oyees at the tim	ne of application	in the follo	owing categories:
Full time:	Part tim	ne:	Seasonal:	Ten	nporary:
Seasonal Workforce Description:					

Section Two: Project Information

<u>Executive Summary</u>					
Include a project summary of 500 words or less detailing project goals and objectives.					
Management plan					
Describe your management plan — including listing applicant personnel and external project partners — who will be leading, coordinating, and carrying out activities under this project. Attach resumes of key personnel to the application.					
Total MPEG Funds requested:					
Total Other Funds (If applicable):					
Total Project Cost:					

Period of Perfo	ormance (projected)
Start date:	End date:

Work Plan

Develop a task timeline using the headings below. List and describe each individual task to be performed including the timeframe for implementation; required resources; milestone(s) for assessing progress and success; and who is responsible for completing the activity, including collaborative arrangements or subcontractors. The task descriptions must be sufficiently detailed to give a clear understanding of the general flow of work necessary to complete the project. Please feel free to add a separate attachment with this information.

No.	<u>Task</u>	<u>Anticipated</u>	Anticipated	Resources Required	Milestone(s)	<u>Identify</u>
	Description	Start Date	Completion	to Complete Task	for assessing	Who will
			<u>Date</u>		Progressing	<u>Complete</u>
					and Success	<u>Task</u>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Performance Metrics

State what metrics you plan to achieve for increasing capacity of New York sourced meat. Please make sure that you establish baseline numbers or estimate realistic target numbers for the metrics you propose, since you will report on these metrics after project completion.

Example:

Increased slaughter or processing capacity by a certain number of dollars, varieties of meat or poultry processed, volume (in pounds), percentage change, or a combination of volume and average price as a result of efficiency and capacity improvements.

Metric 1:

How did you derive the estimated numbers? (For instance, documented background or baseline information, and so on):

Metric 2:

How did you derive the estimated numbers? (For instance, documented background or baseline information, and so on):

Metric 3:

How did you derive the estimated numbers? (For instance, documented background or baseline information, and so on):

Section Three: Budget Information

Complete one of the two project summary forms below based on the grant request amount.

Project Financial Summary (Grant request of \$50,000 to \$99,999)
If the project is multiple phases, please indicate Total Project Costs: \$
Total Project Costs for this Grant Request: \$
Applicant Match (10% of total project costs): \$
Total MPEG Request (90% maximum of total project costs): \$
Itemized Equipment List:
Source of Match Funds: (loan, personal funds, may include other documented costs)
If project is multiple phases, indicate amount of remaining funds necessary to complete the project:
Source of remaining funds to complete project: (loan, personal funds, etc.)
Project Financial Summary (Grant request of \$100,000 to 250,000)
If the project is multiple phases, please indicate Total Project Costs : \$
<u>Total Project Costs for this Grant Request: \$</u>
Applicant Match (20% of total project costs): \$
Total MPEG Request (80% maximum of total project costs): \$
Itemized Equipment List:

If project is multiple phases, indicate amount of remaining funds necessary to complete the

Source of Match Funds: (loan, personal funds, may include other documented costs)

Source of remaining funds to complete project: (loan, personal funds, etc.)

1.	What opportunities will this capital investment create and what kind of economic impact will this investment have on your operation (e.g., expanded market opportunities, job creation/retention, etc.)?
2.	If you do not have the funds to complete the project, will you be seeking a loan to cover the expenses before reimbursement is issued?
3.	What are the biggest challenges you foresee in completing your project?
4.	What are the annual revenues from the sale of products and/or services for the past three years? Please attach your tax returns <u>OR</u> balance sheets, income statements and cash flow statements from the previous three years. If this is a new business with less than three years of financial records, include the most current financial statements.
5.	Please describe any significant changes planned to your business operation in the next five years (e.g., retirement/succession, major growth/downsizing, adding new market channels, etc.)
6.	How will this project help you achieve/retain USDA inspection?
7.	Describe how the project will increase processing capacity (e.g. pounds or head per week, expanding into a new line of animal).
8.	Is there anything else important for us to know about your operation and/or application?

Please include additional photos, product descriptions, blueprints, or other collateral that are pertinent to the project.

Attestations	Yes	No
Is the applicant or any owner presently the subject of any litigation or is litigation	1	
threatened which will likely have a material adverse effect on the applicant's		
financial condition?		
Has the applicant/owner(s) been or is the applicant/owner(s) involved in		
bankruptcy, a creditor's rights or receivership proceeding, or sought protection f	rom	
creditors?		
Has the applicant or any owner settled a debt with a lending institution for less the	nan	
the full amount outstanding within the last three years?		
Has the applicant or any owner ever been convicted of any felony or misdemean	or?	
Other than a minor traffic violation, or are any such charges pending?		
Are there any outstanding judgments or liens pending against the applicant or		
owner other than liens in the normal course of business?		
Has the applicant or any owner ever defaulted on an obligation to the New York		
State Urban Development Corporation, doing business as Empire State Developn	nent	
(ESD) or any other agency or public benefit corporation of the State of New York	?	
Does the applicant business have any foreign ownership?		
Signature D		
Print Name		