

Montana Grants and Loans

Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

Application

Application Details

[Print to PDF](#) | [Go to Application Forms](#)

86603 - AGR Growth Through Agriculture November 1 2019 - Final Application

86643 - Sample - Growth Through Agriculture Application
AGR GTA Growth Through Agriculture

Status: Editing

Submitted Date:

Submitted By:

Applicant Information

Primary Contact:

Name:* Ms. GTA User Tester
Salutation First Name Middle Name Last Name

Title:

Email:* anelson@mt.gov

Alternate Email

Address:* 111 South Main Street

* Wibaux Montana 55555
City State/Province Postal Code/Zip

Phone:* 444-444-4444
Phone Ext. ###-###-####

Alternate Phone

Fax:

Organization Information

Name:* GTA Applicant Business

Organization Type: For-Profit - Privately Held

Organization Website:

Address:* 111 South Main Street

* Malta Montana 59999
City State/Province Postal Code/Zip

Phone:* 406-111-1111

Ext.

Alternate Phone

Fax:

Email address

Alternate Email

Application Checklist

Have you applied for the same project for GTA funding before?*

Your project title - in the "General Information" form should be descriptive & brief - Such as "Expansion of Bakery in Eureka" or "Start-up vegetable farm - focusing on school lunches". Please review & revise in "General Information" form if it is generic like "New Equipment" or if you have copied an application, it will default to the name of the funding opportunity. Please review your project title and revise if necessary now. Check "yes" if this has been completed.

Review Project Title - Is it descriptive to your project?

Small Business Development Center:*

Name of SBDC Staff Worked With:

First Name

Last Name

List Food and Agricultural Development Center, Local Economic Development Organization and/or County Extension Agent working with on project:*

See required financial projection format in Funding Opportunity description on www.fundingmt.org.

Have you Completed Financial Projections in the required format?*

Have you Completed a Business Plan?*

Have you Read the GTA Program Background?*

Have you Prepared a List of Key Assumptions for Financial Statements?*

Have you Prepared Cash Flow Statements?*

Have you Prepared a Marketing Strategy?*

Have you Registered the Business with Montana Secretary of State?*

Has this business or its principals previously received or otherwise benefited from Growth Through Agriculture funding?*

Has this business retained Legal Counsel?*

If yes, provide name and address of legal firm:

What other organization(s) have you contacted for technical assistance regarding possible regulatory/business planning issues related to this project?

Examples include: Food & Agricultural Development Center, Local Economic Development Organization, County Sanitarian, Department of Environmental Quality, Department of Livestock, etc.

Other Technical Assistance/Regulatory Organizations Consulted:*

1000 characters max.

Will the proposed project provide matching funds in an amount at least equal to the GTA funds requested?*

Matching funds: Are you requesting that funds expended within the past 10 months be counted towards meeting the \$1 for \$1 match requirement?*

If yes, from what date are you requesting that matching expenditures be counted?

Please describe the match and attach corresponding documentation (invoices, receipts, etc.) in the Attachments form later in the application.

Matching funds certification - I certify that any federal funds used to match the requested GTA funds are considered eligible to be used as match for the requested GTA funds.*

If you checked no to any of these items or have any questions related to these questions, please contact your local Small Business Development Center: www.sbdc.mt.gov Food and Agricultural Development Center: www.foodandag.mt.gov or Growth Through Agriculture staff at (406) 444-0134 to discuss.

Enter the name and address of the individual that will personally guarantee the contract. If no personal guarantee will be provided, provide a description of the collateral that will be used to secure the contract. (if the applicant is a public educational institution or governmental entity, enter "N/A" in these fields)

Personal Guarantee*

Address*

City, State Zip Code

City

State

Zip Code

Submission of a Credit Check Release is required for your organization and its principals. The Credit Check Release form may be found at: http://agr.mt.gov/Portals/168/Documents/GrantsandLoans/GTA/GTACreditCheckRelease.pdf and must be submitted via mail or fax by the application deadline to the contact information provided on the form. All applications except those from an educational or governmental entity must include a Credit Check Release. Any application that has not submitted the Credit Check Release form will not be accepted.

I understand and will comply with this requirement.*

Project Information

Select the category(ies) that best apply to your proposed project. To select more than one option, hold the ctrl key and click on each applicable category (ctrl+click).

Project Type*

Other Project Type:

Agriculture Category*

Other Agriculture Category:

Enter a description of the project location - such as: "Storefront in downtown Billings," "20 miles southeast of Wibaux," "On Highway 93 5 miles south of Missoula," etc.

Project Location*

250 characters max.

County*

Brief Project Summary

Proposed Use of GTA Funds*

Funds Requested for (Description)*

250 characters max.

Amount of GTA Funds Requested: \$0.00

Total Cash Matching Funds: \$0.00

Brief Project Summary*

Describe the nature of the proposed activity, the nature of the business or organization and what the GTA financial assistance would be used for. Provide any relevant historical information on this project and the impact it would have to agriculture or specific agricultural industries in Montana.

Start with 1-2 sentences that state something like:

The [name of organization applying] is requesting \$_____ in GTA funds in order to _____ [insert nature of activity].

Example: ACME Corporation is requesting \$20,000 in GTA grant and loan funding to purchase equipment in order to expand their turnip processing operation.

Then go on to further explain why this is important and provide relevant background details. Describe the nature of the proposed activity, the nature of the business or organization and what the GTA financial assistance would be used for. Provide any relevant historical information on this project.

Be sure to answer these questions:

- How will this project expand Montana Agriculture?

- What impact it would have to Montana agriculture or specific agricultural industries in Montana?

5000 characters max.

Project Impacts

General Criteria for Funding

Please describe how the proposed project primarily adds value to Montana's agricultural products.*

3000 characters max.

Please describe how the proposed project has the prospects for commercial success given current personnel, experience and resources of the applicant:*

3000 characters max.

Please describe how the proposed project has the prospects to create and/or retain jobs in Montana:*

3000 characters max.

Please describe how the proposed project primarily processes or adds value to Montana's agricultural products currently produced or potentially produced in the state:*

3000 characters max.

Please describe how the proposed project has the management structure to allow the Agriculture Development Council to reasonably conclude that the applicant will comply with ongoing reporting and monitoring activities:*

3000 characters max.

Deliverables

Deliverables and Measurable Outcomes*

Please describe, in detail, what will be delivered to the Department demonstrating objectives were met at the end of the project.

Examples may include: A feasibility study, financial statements documenting increased sales figures, list of jobs created, surveys completed and/or pictures and invoices of equipment purchased.

2000 characters max.

Montana Commodities

Identify Montana-grown or raised commodities utilized or raised by your business - estimate quantities utilized or raised annually and the total volume over next five years. This information will be used to help quantify your project's agricultural impact.

Please also indicate the following:

Who are you currently sourcing these commodities from?

Who do you plan to source from over the course of this project?

If you would like to find a source of Montana grown or raised commodities, please contact the Food and Agriculture Network: www.foodandag.mt.gov

Annual Volume:*

1000 characters max.

Product Value:*

500 characters max

5 Year Volume:*

1000 characters max.

Projected Value:*

500 characters max

Market Analysis

Market Analysis*

Please describe your marketing strategy, market knowledge and demand for your product. Include a description of your target market, your pricing structure and gross margin levels.

(3000 characters max)

Current Marketing Strategy*

Provide a description of where your company is now:

- Current Product Mix - Please provide a list of your current products.
- Current Geographic Market (local, national, international)
- All states in your current market
- All Countries if selling internationally
- Current Type of Buyers (consumers & public, health & natural, hotels, restaurants, and food service, grocery retailers, specialty and gift retailers, convenience retailers)
- Current Pricing Strategy (low price, premium price, best value)
- Current Promotional Methods (word of mouth, advertising, direct marketing, trade shows, internet, other - please list)

(Max 2000 Characters)

2-5 year Marketing Plan*

Please provide a description of where you want your company to be in 2-5 years.

- Future Geographic Market
- States, Countries, if applicable
- Future type of buyers (ex. Consumers and Public, Health and Natural, Hotels, Restaurants, and Food Service, Grocery Retailers, Specialty and Gift Retailers, Convenience Retailers, Other)
- Future Pricing Strategy (Low Price, Premium Price, Vest Value, Other)
- Future Promotional Methods

(Max 2000 Characters)

Business Information

CURRENT BUSINESS DESCRIPTION

If incorporated, where?

Business Formation

Year

Business Structure Type:*

Gross sales last fiscal year:*

Annual Operating Expenses:*

Enter total number of current employees, including working owners in employee count.

Number of Full Time Employees:*

Number of Part Time Employees:*

Enter amount of current annual payroll, excluding compensation to owners.

Current Annual Payroll* \$0.00

ANTICIPATED FINANCIAL RESULTS OF THE PROJECT WITHIN THE NEXT 2 YEARS. (Pull financial amounts from your financial statements attachment.)

Increase in Gross Annual Sales:* \$0.00

Increase in Capital Investments:* \$0.00

Increase in Annual Operating Expenses:* \$0.00

Please enter a number value only. You cannot enter a variable amount such as 7-9 jobs. Please pick one number such as 7 or 9. Questions? Contact program staff at 406-444-0134 or by email at gta@mt.gov.

Increase in Number of Full Time Employees:*

Please enter a number value only. You cannot enter a variable amount such as 7-9 part time jobs. Please pick one number such as 7 or 9.

Increase in Number of Part Time Employees:*

Enter amount of estimated total payroll of new jobs to be created.

Projected Annual Payroll of New Jobs* \$0.00

Key Personnel

Name	Title	Experience/Ability/Qualifications
------	-------	-----------------------------------

Objectives

Objective	Objective Description/Activities/Deliverables	Start - Month	Start - Year	End - Month	End - Year
-----------	---	---------------	--------------	-------------	------------

Budget

Objective	Cost Description	GTA	Cash Match	In-Kind Match	Total Cost of the Activity
		\$0.00	\$0.00	\$0.00	\$0.00

Sources and Uses of Funds

Source	Commitment Status	Use of Funds	Amount
			\$0.00

Financial Attachments

Attachment	Description	File Name	Type	File Size
Cash Flow Statement/Balance Sheet				null
Prior Year Financials				null
Business Plan				null
Bid/Cost Quote(s)				null
Key Financial Assumptions				null

Attachments

Application Certification

As the responsible authorized agent of the applicant, I hereby submit this Growth Through Agriculture (GTA) Application and understand that any information provided to the Department of Agriculture in this application or other correspondence becomes public information. I waive any right to confidentiality and affirm that the information provided in this application is true and accurate to the best of my knowledge.

Authorized Representative:*

Date:*

Title:*

I will submit by fax or mail the required Credit Check Release form for my organization and its principals by the application deadline and understand that if this form is not submitted to the Department of Agriculture by the application deadline that this application will not be accepted. The Credit Check Release Form may be found at <http://agr.mt.gov/Portals/168/Documents/GrantsandLoans/GTA/GTACreditCheckRelease.pdf>.

I understand and will comply with this requirement:*

MONTANA.GOV
OFFICIAL STATE WEBSITE

[Contact Us](#)
[Privacy and Security](#)
[Accessibility Policy](#)

Dulles Technology Partners Inc.
© 2001-2017 Dulles Technology Partners Inc.
Web Grants 3.1 - All Rights Reserved.