



Missouri Value-Added Agriculture “Farm to Table” Grant Program Application Form

Legal Business or Producer Name (financially responsible for project):			
Project Name:			
Sponsoring Group (if applicable):			
Contact Person:		Mailing address	
City:	County:	State:	Zip:
Physical Address (if different):			
Phone:	Cell:	Email:	
Commodity:		Finished Product:	
List of producer-members (required if applicant is a group or steering committee):			
Total cost of Project:		Grant Request Amount:	
Project Start-Up Date:		Project Completion Date:	
Purpose: To provide partial funding in the form of grants for rural agricultural businesses that add value to Missouri agricultural products, aid the economies of rural communities, and support the use of Missouri agricultural products in schools and institutions within Missouri. Grant Award Amount: \$200,000 maximum for a small business purchasing or processing locally grown agricultural products from a small farmer for use in institutions in the state of Missouri. For full program guidelines, including definitions, restrictions, and allowed use of funds, please visit masbda.com. If you have questions, please call (573) 751-2129			

Scoring Criteria:

Proposals will be selected on a competitive basis. Each proposal will be evaluated and scored within a framework of 100 maximum points using the following criteria:

Priority Consideration: Preference will be given to grant requests initiated by a group (more than one) of Missouri producers who have oversight and a clear knowledge of the plan of work. Preference will also be given to innovative projects that do not duplicate projects or efforts already underway. Preference will be given to projects demonstrating the potential for near-term development of a value-added agricultural business concept.

Agriculture Economic Development Potential: (45 points possible)

- 1) Economic development potential for a Missouri rural community and direct economic impact to Missouri's agricultural producers
- 2) Developing or expanding markets for a Missouri agricultural product
- 3) Potential for creating new jobs
- 4) Capital investment

Credibility and Merit: (25 points possible)

- 1) Perceived technical and commercial feasibility
- 2) Qualifications of the project principals and subcontractors is a key consideration
- 3) Summary of a relevant literature search
- 4) Reasonable/feasible work plan and timeframe for completion

Matching Funds: (10 points possible)

- 1) A minimum of 10% Cash match is required.
- 2) Applicants will be awarded points for any matching funds. Both cash and in-kind matches will be considered; more value will be placed on cash matches above the 10% required cash match than on in-kind matches (please see definitions of cash match and in-kind match on page 5 of the program guidelines).

NOTE: Grant recipients will be required to pay a minimum of 10% of each invoice submitted by subcontractors before submitting to MASBDA for payment, until the applicant cash match amount committed on Attachment B is reached.

10% cash match must be met and documented by proof of payment before final grant disbursement can be made.

- 3) Projects will be evaluated on the level of funding commitment from the applicant and other private or public sources.
- 4) Applications with matching funds from other sources must show the source's approval before MASBDA will release grant funds. Grants may be contingent upon proof that matching funds have been allocated to the proposal.

Merit: (20 points possible)

- 1) Each Authority commissioner may award up to 20 additional points per proposal. These points are based largely on individual judgement of the proposal's likely success.

A Project must score at least an average of 60 points to be considered for funding.

Executive Summary: In 500 words or less, provide a summary of the project. Please introduce your operation or small business, including past experience in school/institutional sales, qualifications for the project's proposed activities, and describe the new or expanded uses of locally grown agricultural products in schools or institutions. Include a brief description of the agricultural product and process to be used, a description of the institution(s) to be served, specific use of grant funds, and the end product that will result if funded.

Description of Small Business: In 1,000 words or less, clearly describe the small business, the current market, and the potential institutional market. Include the institution's location, the number of people/students and age or grade (if students) (pre-K, elementary, middle, high school, university), a listing of the locally grown agricultural products that will be marketed and the number of Missouri producers providing the product, the form in which the food product will be provided (fresh, frozen, form of processing, etc.), and the timing of the marketing (year-round, summer school months, February-October, etc.).

Please list each letter of commitment or contract (name of school or institution, product request, quantity requested, and number of students/people to be served.

Statement of Objectives: In 1,000 words or less, list the project objectives in a clear and concise manner, what will be accomplished and what geographic area will be impacted by funding the project. Description of agricultural economic development potential (development, processing, or marketing of new/expanded uses of an agricultural product in schools or institutions) should be included in the form of volume of product sold and or dollars of income.

Expected Results and Applicability to Development: In 800 words or less, clearly describe 1) the scientific and technical merit of the project (if applicable), 2) potential for direct near-term commercial application of project results (If successful, when do you expect your project to enter the market?), and 3) anticipated results or outcome of the proposed project, the impact of the project on rural communities and agricultural producers, job creation potential and capital investment.

Plan of Work: In 850 words or less, provide a detailed plan of work; identify key personnel, including producers and the product each will be producing. Outline how the proposed grant project will be implemented and the near-term process for getting locally grown agricultural products into specific schools or institutions. Include an estimated timeline for construction/installation implementation. Identify critical risks or concerns that must be addressed in order to make this a successful project.

Facilities and Equipment: Use the following table to list eligible project costs (facilities, equipment, materials/supplies, equipment lease/rental, professional services, food safety certifications, etc.) to be purchased with grant funds. Use an additional sheet if necessary and include bids for all resources included in the grant request.

Resource Category (See above)	Resource Description	Cost

References: Provide the name and phone numbers of at least two industry references who are familiar with the proposed project.

Reference Name	Title, Organization	Phone	E-mail

Application and Award Process:

1. The MASBDA Board of Commissioners will review and score application; applications that score a 60 or above out of 100 will be considered for an in-person interview before the board.
2. After the in-person interview, applications that score a 60 or above out of 100 will be considered for funding.

By signing this application, I acknowledge I have read the Missouri Value- Added Agricultural *Farm to Table* Grant Program Guidelines, and that all information and business projections included in this application are true, correct, and complete to the best of my knowledge.

Signature: _____ Date: _____

Completed Missouri Value-Added Grant Applications should be forwarded to the following address:

Missouri Agricultural and Small Business Development Authority
1616 Missouri Boulevard
P.O. Box 630
Jefferson City, MO 65102

One hard copy must be received no later than 3:00p.m. the day of the program deadline, listed in program guidelines. Along with the appropriate application fee to the address above. Late or incomplete applications will not be considered for funding. MASBDA reserves the right to reject any application prior to scoring if incomplete.

To review the full program guidelines, visit our website at masbda.com.

Checklist:

- Attachment A-Certification of Information and Business Relationships
- Attachment B-Statement of Potential Funding Sources
- Attachment C-Project Budget
- Attachment D-Certification of County Health Ordinances
- Have you included one original of the application?
- Have you included the application fee? See guidelines for details.
- Are all bids included for all sub-contractors? See guidelines for details
- Letter of Commitment from said donor is include for the purchase of 50% of the grant award amount through Agricultural Product Utilization Contributor Tax Credit

Missouri Agricultural and Small Business Development Authority (MASBDA)

PO Box 630

Jefferson City, MO 65102

573-751-2129

masbda@mda.mo.gov

masbda.com

Certification of Citizenship/ Immigration Status

By affixing my (our) signature below, I (we) hereby certify, subject to penalties of perjury, I am the applicant or an authorized representative of the applicant and as such am authorized to make the following affirmation:

I am a United States Citizen or have been granted lawful permanent residence* of the United States. I understand that I am required by state law to provide proof of my citizenship, residency, and identity in order to apply for any state programs.

Signature

Title

Date

Signature

Title

Date

*Pursuant to 208.009.3 RSMo, all applicants are required to provide proof of citizenship, identity, and residency at the time of applying for any state administered benefits. **You must provide a copy of your valid Missouri driver's license with this application.** If you do not have or cannot provide this, please see "Additional Documentation" on page 2 for allowed alternatives.

Employer Status

By affixing my (our) signature below, I (we) hereby certify, subject to penalties of perjury, I am the applicant or an authorized representative of the applicant and as such am authorized to make the following affirmation:

(Please select the statement that applies)

Do you have employees in connection with this application or your investment in this project in the state of Missouri?

☐ No

☐ Yes (If yes, you must complete the attached Affidavit of Authorized workers, along with enrolling in the federal worker authorization program and enclose evidence of such enrollment)

Signature

Title

Date

Signature

Title

Date

Services Available to Veterans - Optional

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? ☐ Yes ☐ No
2. If answering Question #1 in the affirmative, would you like to receive information and assistance regarding veteran's benefits and services? ☐ Yes ☐ No

If answering Question #2 in the affirmative, may the agency share your contact information with the Missouri Veterans Commission in order to provide you with information regarding available veterans benefits and services? General information may also be found on the Missouri Veterans Commission's website at: www.veteranbenefits.mo.gov ☐ Yes ☐ No

AFFIDAVIT OF AUTHORIZED WORKERS

BEFORE ME, the undersigned Notary, _____, on this _____ day of _____, 20____, personally appeared _____, known to me to be a credible person and of lawful age, who being by me first duly sworn, on his/her/their oath, deposes and says:

I certify that I am either the applicant or am an authorized representative of the applicant (please list name of applicant: _____) and as such am authorized to make the statement of affirmation contained herein.

I (We) hereby certify, subject to penalties of law, that I(we) do not knowingly employ, hire for employment, or continue to employ any unauthorized alien to perform work in the state of Missouri and further certify I have and will continue to comply with federal law (8 U.S.C., 1324a) which requires the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.

I further certify that I (the applicant) am enrolled in a federal work authorization program and actively verify the work authorization status of all those hired and currently employed by me, my business, and/or any other business entity which I have hiring or management authority.

I understand that as a condition to participate in this program administered by a political subdivision of the State of Missouri I (the applicant) must provide documentation to certify my enrollment and participation in the federal work authorization program. **You must include a copy of the Memorandum of Understanding (MOU) you will receive when enrolling in e-verify.** To enroll visit www.dhs.gov/e-verify.

I certify that I (the applicant) shall include in any contract it enters with a subcontractor in connection with the activities that qualify the applicant for this program, an affirmative statement from the subcontractor that such subcontractor is not knowingly in violation of Section 285.530.1 RSMo, and shall not be in violation during the length of the contract. In addition the applicant will receive a sworn affidavit from the subcontractor under the penalty of perjury, attesting that the subcontractor's employees are lawfully present in the United States. I certify that the applicant will maintain and provide MASBDA access to documentation demonstrating compliance with this requirement.

I understand that if the applicant is found to have employed an unauthorized alien, the applicant may be subject to penalties pursuant to law, including Sections 135.815, 285.025, and 285.535, RSMo.

_____	_____	_____
Print Name	Signature	Title

_____	_____	_____
Print Name	Signature	Title

State of Missouri, County of _____

Subscribed and sworn to before me, this _____ day of _____, 20____.

[Notary Seal:]

[signature of Notary]

My commission expires: _____, 20____.

[printed name of Notary]

NOTARY PUBLIC

ATTACHMENT A
Certification of Information and Business Relationships

Pursuant to the “Guidelines and Application Format” document for the “Missouri Value-Added Grant Program” administered by the Missouri Agricultural and Small Business Development Authority (MASBDA), the applicant(s) (signing below) hereby certifies, subject to penalties of perjury, the following:

I certify that I am not: (i) a commissioner or employee of the Missouri Agricultural and Small Business Development Authority with a substantial interest of ten percent or more in the project described in the grant application, (ii) a member of the Missouri General Assembly with a substantial interest in the project described in the grant application, (iii) a state-wide elected official with a substantial interest in the project described in the grant application, (iv) a director of a state department with a substantial interest in the project described in the grant application, (v) a parent, child, spouse or sibling of any of the above either of who has a substantial interest in the project described in the grant application, whether singularly or collectively of 10 percent or more.

In addition by affixing my/our signature(s) to this application, I/we certify having read and understand the guidelines governing award of these grants and agree to all conditions set forth therein and attest that all information contained in this application package is true to the best of the applicant’s knowledge, information and belief.

If awarded, grant payments by MASBDA for expenditures approved in the work plan may be made on a reimbursement basis to the grant recipient (after proof of payment is received by MASBDA) or directly to the vendor contracted by the grant recipient upon receipt of an invoice approved by the grant recipient. Any vendor invoice paid by MASBDA are for the benefit of the grant recipient for its obligations owed related to the approved work plan, and in no way constitutes a partnership, creditor, or other business relationship between MASBDA and vendors contracted by the grant recipient.

The grant recipient will be responsible for any federal or state taxes applicable for funds received, if awarded, and it is recommended the applicant consult their tax professional prior to submitting an application, and upon potential award.

Should a grant be awarded, basic project information (such as grant amount, proposed location, work products funded, etc.) may be used in announcements, press releases and other public information.

In addition to the final project report, MASBDA reserves the right to conduct a follow-up survey of funded projects to determine long-term economic impacts.

The Missouri Agricultural and Small Business Development Authority reserves the right to modify or terminate any subsequent agreements with applicant if, at a future date, the authority becomes aware of misrepresentation(s) contained in this application.

Applicant Name and Signature: _____

Applicant Name and Signature _____

Date: _____

ATTACHMENT B
Statement of Potential Funding Sources

Previous funds received, or funding applications pending, for this project. List additional sources on another sheet of paper if necessary.

Source: _____

Address: _____

Amount: _____

Time Period Funded: _____

Source: _____

Address: _____

Amount: _____

Time Period Funded: _____

PROPOSED FUNDING FOR THIS PROJECT (other than the Missouri Agricultural and Small Business Development Authority):

Source	Funding Request	Anticipated Date of Funding
Contributed Cash Match – verified by statement below		
Commercial Lender		
Venture Funding		
Foundation		
State Program (specify) 1. 2.		
Federal Program (specify) 1. 2.		
Other Sources (specify) 1. 2. 3.		
Total Proposed Funding		

Confirmation of Cash Contribution toward Cost of Grant Funded Project:

I, _____, authorized representative of _____ (grant applicant) confirm that _____ (grant applicant) will contribute \$_____ (must match project budget and be a minimum of 10% of the grant subtotal shown on Attachment C) toward the cost of the grant-funded project. Appropriate copies of invoices and canceled checks will be provided to MASBDA. Final disbursement of grant funds cannot be made until the 10% cash match obligation is satisfied.

Confirmation of Tax Credit Sale:

I, _____, authorized representative of _____ (grant applicant) confirm that _____ (tax credit purchaser name) will contribute \$_____ (50% of the total grant awarded amount) toward the purchase of the necessary tax credits. Agricultural Product Utilization Contributor Tax Credit will be received between May 1st, 2027, and June 11th, 2027. The grant will not be fully executed, and the disbursement of grant funds cannot be made until Agricultural Product Utilization Contributor Tax Credit funds are received.

ATTACHMENT C
Project Budget Summary

Expenditure	A. MASBDA Request	B. Cash Match Contributed by Applicant	C. State Funds	D. Federal Funds	E. In-Kind Match	Total: A-E Total Project Cost
Facility						
Equipment						
Materials/Supplies						
Equipment Lease/Rental (List Individually)						
Professional Services (List Individually)						
Indirect Costs (Be specific - MASBDA does not fund indirect costs but they may be included as In-Kind Match)						
Subtotal						\$ 1.00
Grant Administration Fee (10% of MASBDA Request Subtotal)						\$ 0.10
Total Grant Request					\$ 0.10	\$ 1.20

ATTACHMENT D
Certification of County Health Ordinances
(Must be submitted regardless of type of project)

Animal agriculture has been and continues to be the foundation of Missouri agriculture. Animal agriculture is the leading economic development industry in most rural Missouri counties. In addition, the primary use of grains produced in Missouri is for the feeding of livestock.

The Missouri Agricultural and Small Business Development Authority (MASBDA) is committed to the continued economic viability of animal agriculture through loans, loan guarantees and grants not only for production of livestock, but also for related value-added enterprises.

MASBDA Commissioners are concerned about the impact county health ordinances may have on the financial ability of animal agriculture and related value-added enterprises to repay loans and to profitably utilize grants.

MASBDA has received a request to provide financial assistance for a project for an animal agriculture and/or related value-added enterprise. Please identify any county health ordinances that impact or affect animal agriculture and/or related value-added enterprises.

- I. Does the county being considered for this proposed project now have a county health ordinance restricting livestock or poultry production more restrictive than state or federal law?
YES ☐ NO ☐
- II. Is the county being considered for this proposed project currently considering a county health ordinance restricting livestock or poultry production more restrictive than state or federal law?
YES ☐ NO ☐
- III. Does the county being considered for this proposed project currently have an Agri-Ready County designation?
YES ☐ NO ☐
- IV. Is the county being considered for this proposed project currently considering application for an Agri-Ready County designation?
YES ☐ NO ☐

(For more information on the Agri-Ready County designation, please visit www.mofarmerscare.com)

If you have answered yes to questions I or II, please attach a copy of the ordinance or the current draft of the ordinance to this certificate.

Signature (Presiding County Commissioner)

Date

Printed name

County

STATE OF MISSOURI)
) SS.
COUNTY OF _____)

On this ____ day of _____, _____, before me, the undersigned, a Notary Public, appeared _____ to me personally known, who, being by me duly sworn, did say that they are the _____ of _____ COUNTY, MISSOURI, and that said instrument was signed on behalf of said County by authority of its governing body, and said officer acknowledged said instrument to be executed for the purposes therein stated and as the free act and deed of said County.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year last above written.

Notary Public - State of Missouri
Commissioned in _____ County
My commission expires: _____