

Howard County Agricultural Grant for Innovation and Expansion

Howard County has a grant funding opportunity to encourage Howard County’s agricultural producers to expand or diversify their business operations. Eligible applicants must be a crop or livestock producer or processor, agricultural cooperative, seafood processor, or primary or secondary timber products processor.

Applicants can receive grants from \$1,000.00 up to \$20,000.00 for research and development, production buildings, major fixtures, processing facilities, etc. The applicant must provide funds and/or materials of an invested value to the grant received. There is one annual grant cycle each year. Grant applications will be accepted throughout the year (August - June) subject to funding availability and due by the posted June deadline.

Each application will be scored out of a total value of 200 points with a one-time first-time applicant bonus of 10 points. An application may receive zero points within a section that is missing information. This is a competitive grant and not all applicants may receive funding. The grants will be awarded according to their rank from the total score. If you are not one of the top three applicants, you will be given the opportunity to edit your application and reapply in a future grant cycle the following year. The following is the scoring system that will be used to evaluate applications:

Application Section Breakdown	Point Values
First Time Applicant	*10 points Bonus for being a first time applicant
Agriculture Preservation Parcels	10 points for the property having an Ag Pres easement
Description of Project	30 points for the details of the project description
Business Plan	60 points for a Business Plan with all the necessary details
Budget	35 points for the budget breakdown of the project
Innovation of Project	35 points for how innovative and different the project is for the farm and for farming practices
Overall Application	30 points for the overall format and details of the application
Total Points	200 Points *+10

All applications must include the following to be considered complete for review: (Please check each box to confirm the submittal of each)

- 1. Business Plan
 - 2. Marketing Plan
 - 3. SWOT Analysis
 - 4. Budget
 - 5. Quotes of the Project
 - 6. Cost of Supplies Needed
 - 7. Financial Outlook
 - 8. List of equipment or facilities to be acquired with their estimate of the useful life
 - 9. Specification sheets or pictures of project
 - 10. Portion of tax return showing Schedule C or F or Form 1120S (do not include entire tax return)
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Annual Grant Cycle Options:

- Yes, please notify me if I am not one of the top three applicants in this cycle and I am not receiving the fully funded grant request I am seeking. I would like to withdraw my application and be given the chance to resubmit the application for the next year's grant cycle after improving the details to make the application more competitive.
- No, I want to remain in this year's grant cycle no matter what the ranking or grant amount. **Grantees must agree to the following. Please check in acknowledgment:**
- At least one member of the grantee's business will actively participate in a HCEDA small business development program.
- Submission of a program status reports on a schedule, and in a format, determined by the HCEDA, after consultation with the grantee.
- This is a reimbursable grant, which means the HCEDA will only provide awarded grant funds upon receipt of a request for reimbursement, within this years terms including verifiable substantiation of a planned program expenditure by the grantee.

Grant format submittal:

- I have completed this grant online with the necessary attachments included.
- I have printed the grant and have submitted the application in printed paper form.

Application for the Agricultural Innovation Grant

Section 1: Application Information

Business/Farm Name:

Business Address:

City:

State:

Zip Code:

Email:

Work Telephone:

Home Telephone:

Mobile Phone:

Total Dollar Amount Requested from grant: [\$1,000-\$20,000]

Total Amount of Project:

Will this project be done even without grant funding:

Yes, the project will be done even without grant funding

No, this project will NOT be implemented if there is no grant funding

Explain:

Brief Description and History of Business

(Include details and history of your operation and experience of principal business owner(s))

Section 2: Business Information

Business Structure:

Year Established/Incorporated

Corporation

Partnership

Proprietorship

LLC

(SIC/NAICS Code)

Employment Data

Number of full-time jobs current

New full-time jobs projected within 36 months

Number of part-time jobs current

New part-time jobs projected within 36 months

MANAGEMENT/OWNERSHIP

1. Name Title
Social Security Number Date of Birth Ownership
Address City State Zip
Phone:

2. Name Title
Social Security Number Date of Birth Ownership
Address City State Zip
Phone:

3. Name Title
Social Security Number Date of Birth Ownership
Address City State Zip
Phone:

Declarations:

If answering “yes” to any of these questions, please provide an explanation on a separate sheet and attach.

- 1. Is this business or any of the top management personnel a party to any claim or lawsuit?
 - 2. Has the business or any of the top management personnel ever declared bankruptcy?
 - 3. Does the business or any of the management personnel owe any taxes for prior years?
 - 4. Have any managers or owners received a felony conviction?
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Section 3: Project Information

Project Type (check any that may apply)

- | | | |
|--------------------------------------------------------|---------------------------------------------|------------------------------------|
| <input type="checkbox"/> Research | <input type="checkbox"/> On-farm market | <input type="checkbox"/> Expansion |
| <input type="checkbox"/> Value – Added Food Processing | <input type="checkbox"/> Seafood processing | |
| <input type="checkbox"/> Agri-tourism | <input type="checkbox"/> Animal processing | |

Description of the project: (please attach a separate sheet with the description)

Project Advisor(s) (if applicable)

1. Name [redacted] **Title** [redacted]

Institution/Firm [redacted]

Work Telephone [redacted] **Email** [redacted]

2. Name [redacted] **Title** [redacted]

Institution/Firm [redacted]

Work Telephone [redacted] **Email** [redacted]

Section 4: Signatures

Certification

I/We certify all information in this application and the attachments are true and complete to the best of my/our knowledge.

Signature [redacted] Signature [redacted]

Printed Name [redacted] Printed Name [redacted]

Date [redacted] Date [redacted]

Note: Howard County Economic Development Authority agrees to hold Recipient’s Application in confidence to the extent reasonably permitted by Title 10, Subtitle 6 of the State Government Article of the Annotated Code of Maryland. Notwithstanding the foregoing, HCEDA shall not be obligated to maintain in confidence any information: 1) which was already known to HCEDA; or 2) which is or comes into the public domain through no fault of HCEDA; or, 3) which is independently developed by HCEDA; or, 4) which comes to HCEDA from a third party which is not in violation of any obligation of confidentiality to Applicant or HCEDA.