

Applicant Name:



GAP Training Scholarship Program
Wyoming Specialty Crop Grant Program
For Producers, Processors and Agricultural Specialists
APPLICATION

GENERAL INSTRUCTIONS

- ◆ Application form must be completed in its entirety and required documentation attached.
- ◆ Please print or type.
- ◆ Incomplete applications will not be reviewed.

BUSINESS INFORMATION

1. **NAME:** _____
2. **SOCIAL SECURITY NUMBER:** _____
3. **MAILING ADDRESS:** _____
4. **CITY/ZIP:** _____
5. **AGRICULTURAL ENTITY** (*Farm, Ranch, Institution, Association, Other*):

6. **PHONE:** _____
7. **E-MAIL :** _____
8. **AGRICULTURAL EXPERIENCE:** *Give a brief description of your agricultural experience.*

9. **SPECIALTY CROP EXPERIENCE.** *Describe any experience you may have involving specialty crops*

10. **LETTER OF RECOMMENDATION.** *Attach a letter of recommendation from an Agricultural organization, or manager if applicable with regard to your involvement in specialty crop production.*

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WORKSHOP, CONFERENCE OR TRADE EVENT INFORMATION

1. **Event:** GOOD AGRICULTURAL PRACTICES TRAINING
1. **Location:** CASPER WYOMING
3. **DATES :** APRIL 9-10, 2015
4. **TRAINING INFORMATION.** Attach an agenda of the training, workshop, conference, or trade event
5. **EXPERIENCE.**
 - A. Is this the first time you have applied for a specialty crop grant?

If no, give a brief description?
6. **Goals-** *Clearly state the goal of the training. The purpose should include the specific issue, problem, interest, or need to be addressed and why the training is important and timely.*
 - **Food safety compliant practices workshop**
 - Learning appropriate agricultural practices to prevent food-borne illnesses and then writing a food safety plan.
 - Workshop topics include:
 - Produce safety risk factors and impacts
 - Post-harvest produce handling
 - Water quality and testing
 - Creating a food safety plan
 - Auditing farms for GAPs/food safety
 - Soil management/manure management
 - Worker health and hygiene
 - Traceability, recall and liability issues
7. **Potential Impact.** Discuss how this training will impact other specialty crop producers, educators or the public. Any potential future economic impacts relevant to the project.
8. **Expected Measurable Outcomes.** For the training describe two measurable outcomes that directly support the trainings purpose. The objective of the training must be of direct importance to specialty crop producers or consumers.

Applicant Name:

BUDGET: All items must be specific to this event.

ITEM	ITEMIZED EXPENSES	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
TOTAL		

9. SCHOLARSHIP GRANT AMOUNT REQUESTED \$ _____
(not to exceed 3/4 of the eligible expenditures)

10. MAXIMUM SCHOLARSHIP AWARD INSTATE NOT TO EXCEED \$300.00

I certify that the information provided is true and correct to the best of my knowledge. If approved for the specialty crop grant, I agree that the business will assume sole responsibility of any and all debts or liabilities that may be incurred from this project; and will provide the required documentation to the Wyoming Department of Agriculture upon request.

Signature

Title

Date

Email Applications to
brook.brockman@wyo.gov
and return signed hard copy of application forms to:
WYOMING FARMERS MARKETING ASSOCIATION
SPECIALTY CROPS GAP SCHOLARSHIP GRANT PROGRAM
PO Box 20939
CHEYENNE WYOMING 82003

Applicant Name:



Scholarship Program

Wyoming Specialty Crop Grant Program

Wyoming Specialty Crop Producers, Processors and Agricultural Specialists

REQUEST FOR REIMBURSEMENT/FINAL REPORT

- 1. **NAME:** _____
- 2. **SOCIAL SECURITY NUMBER:** _____
- 3. **MAILING ADDRESS:** _____
- 4. **CITY/ZIP:** _____
- 5. **AGRICULTURAL ENTITY** (*Farm, Ranch, Institution, Association, Other*):

- 6. **PHONE:** _____
- 7. **E-MAIL :** _____

MANDATORY FOR ALL GRANT PROJECTS

- ___ Final Report
- ___ Itemized Expenditure Report
- ___ Copies of All Paid Invoices
- ___ Copies of All Canceled Checks or other method of confirmation of payment

REQUEST FOR REIMBURSEMENT

Expenditures (Total from Itemized Expenditure Report) \$ _____

Reimbursement Requested \$ _____

(Not to exceed Grant Award or 3/4 of eligible expenditures or \$300 whichever is less)

I hereby certify that this billing is correct and just and is based upon actual payment(s) of record; reimbursement for the above listed expenses have not been received from any state government source; and, the activities were conducted in accordance with the guidelines of the WDA Specialty Crop Small Grants Program.

 Signature Title Date

Applicant Name:



FINAL REPORT

NAME OF TRAINING ATTENDED: Good Agricultural Practices Training

DATES OF EVENT: April 9-10, 2015 **LOCATION OF EVENT:** Casper, WY

PROJECT NARRATIVE

Goals: *Clearly state how the training has accomplished the goals. The purpose should include the specific issue, problem, interest, or need that has been addressed and why the training was important and timely.*

Impact: *How has this training impacted your own operation and/or other specialty crop producers, educators or the consumer? Has there been any economic impact?*

Measurable Outcomes: *Has the training accomplished its objective and describe the measurable outcome?.*

Return Reimbursement forms to:
WYOMING FARMERS MARKETING ASSOCIATION
GAP SCHOLARSHIP GRANT PROGRAM
PO BOX 20939
CHEYENNE WYOMING 82003