**Howard County Agricultural Innovation Grant**

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 process, or primary or secondary timber products processor.

Applicants can receive grants from $1,000.00 up to $10,000.00 for research and development, production buildings, major fixtures, processing facilities, etc. The applicant must provide funds and/or materials of a invested value to the grant received. Grant applications will be accepted throughout the year subject to funding availability.

Applications must be accompanied by:

* a federal and State income tax return for the prior year (including a Schedule F, Form 1120S, or Schedule C)
* a business plan, with budget, detailing the planned use of the requested funds and the expected outcome

Grantees must agree to the following:

1. At least one member of the grantee’s business will actively participate in a HCEDA small business development program
2. Submission of a program status reports on a schedule, and in a format, determined by the HCEDA, after consultation with the grantee.
3. This is a reimbursable grant, which means the HCEDA will only provide awarded grant funds upon receipt a request for reimbursement including verifiable substantiation of a planned program expenditure by the grantee.

**Application for the Agricultural Innovation Grant**

**SECTION 1: APPLICATION INFORMATION**

Business/Farm Name:

Business Address: 

City:  State:  Zip Code: 

Contact Person: Title: 

E-mail: Work Telephone: 

Home Telephone:  Mobile Phone: 

Dollar Amount Requested: 

**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**

# of full-time jobs current # of NEW full-time jobs projected within 36 months 

# of part-time jobs current# of NEW part-time jobs projected within 36 months 

**MANAGEMENT/OWNERSHIP**

**1-**Name Title

Social Security #  Date of Birth  % Ownership 

Address  City 

State  Zip Code  Telephone 

**2-**Name Title

Social Security #  Date of Birth  % Ownership 

Address  City 

State  Zip Code  Telephone 

**3-**Name Title

Social Security #  Date of Birth  % Ownership 

Address  City 

State  Zip Code  Telephone 

**4-**Name Title

Social Security #  Date of Birth  % Ownership 

Address  City 

State  Zip Code  Telephone 

**DECLARATIONS**

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

1. Is the business or any of the top management personnel a party to any claim or lawsuit?  Yes  No
2. Has the business or any of the top management personnel ever declared bankruptcy  Yes  No
3. Does the business or any of the management personnel owe any taxes for prior years?  Yes  No
4. Have any managers or owners received a felony conviction?  Yes  No

**SECTION 3: PROJECT INFORMATION**

**PROJECT TYPE**

(Check any that may apply)

Research  On-farm market

Value – Added Food Processing  Seafood Processing

Agri-tourism  Animal Processing

Expansion

1. **BRIEF DESCRIPTION OF THE PROJECT:**

****

1. **BRIEF DESCRICPTION OF THE ADG GRANT FUNDS WOULD BE USED:**

****

1. **BRIEF DESCRIPTION OF THE EQUIPMENT OR FACILITIES TO BE ACQUIRED TOGETHER WITH AN ESTIMATE   
   OF THE USEFUL LIFE OF THESE ASSET(S): **
2. **BRIEF DESCRIPTION OF THE ECONOMIC IMPACT THIS PROJECT WILL HAVE ON YOUR FARM ENTERPRISE:**

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**OTHER PROJECT ADVISOR(S)** (If Applicable)

1-Name  Title 

Institution/Firm 

Work Telephone  E-mail 

2 -Name  Title 

Institution/Firm 

Work Telephone  E-mail 

**SECTION 4: SIGNATURES**

**CERTIFICATION**

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

Signature 

Printed Name 

Date 

Signature 

Printed Name 

Date 

**SECTION 5: ATTACHMENTS**

**ATTACHMENTS: CHECKLIST**

1. Business Plan
2. List of equipment or facilities to be acquired with an estimate of the useful life of these asset(s).
3. Feasibility study (if available)
4. One year of most recent tax return

**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.