## Farmer-Led Fund for Watershed Protection



# 2025 Proposal Form

Please review the Farmer-Led Fund request for proposals before completing this form.

| Gene | ral Information   |
|------|---|
| 1.   | Your name:  |
| 2.   | Your phone number: Email:   |
| 3.   | The name of the farmer group who will implement this project:   |
| 4.   | The name of the fiscal sponsor or conservation partner who will be a legal grant recipient/administrato (if different than above):  |
| 5.   | Has your group previously applied for a Wisconsin DATCP Producer-Led Watershed Protection Grant (PLWPG)?  |
| 6.   | ☐ Yes ☐ No Since the date of the attached PLWPG application, have there been any changes in the name or contact information for the Lead Contact, Lead Partner, or Collaborating Entity?  Yes No If yes, please list: |

#### **Conservation Practices**

1. List up to three conservation practices your group will prioritize and the estimated number of units (such as acres, linear feet, #,etc.) to be completed within 12 months of the project:

| Conservation Practice: | Units (e.g., acres) | # of Units |
|------------------------|---------------------|------------|
|                        |                     |            |
|                        |                     |            |
|                        |                     |            |

2. Describe any innovations or specific examples of the conservation practices listed above that your group wishes to use (e.g., virtual fencing, planting green, etc.): (max. 200 words)

## Financial Assistance (FA)

| 1. | How does your group intend to structure the financial incentives?  Select all that apply - see the call for proposals for details. |   |   |
|----|--|---|---|
|    | ☐ Pay for Practice   | ☐ Pay for Outcomes  | ☐ Pay for Service   |
|    | ☐ Short-Term Land Rental   | Other:  |   |
| 2. | Please describe how your grincluding estimated per-unit (max. 200 words)   |   | nancial incentives highlighted above,   |
| 3. |  | P, or state, local, or private in                         | e efficient or effective than existing incentive centives. How will it reach more farmers |
| 4. | Total anticipated FA budget<br>Must be at least 75% of total   | for first 12 months:<br>al request – see the call for pro | oposals for details.  |

## **Technical Assistance (TA)**

1. List staffing positions, individual names (if known), anticipated hours in first 12 months, and cost per hour (fringe included):

| Staffing Position | Individual Name<br>(if known) | Estimated Hours (first 12 months) | Cost per Hour (Including Fringe) |
|-------------------|-------------------------------|-----------------------------------|----------------------------------|
|                   |                               |                                   |                                  |
|                   |                               |                                   |                                  |
|                   |                               |                                   |                                  |
|                   |                               |                                   |                                  |
|                   |                               |                                   |                                  |

| 2. | List other anticipated TA expenses:  |
|----|--|
|    | Mileage, field event costs, graphic design, etc see the call for proposals for allowable costs |

3. Total anticipated TA budget for first 12 months:

Must not exceed 25% of total request – see the call for proposals for details.

## **Total Budget Request**

- 1. Total financial request from Sand County Foundation (SCF):

  First 12 months only. Must equal the sum of FA and TA requests above. If invited to receive a grant, SCF will request additional budget details. Final grant amounts may differ from amount requested here.
- 2. Anticipated "Partner Contribution" (i.e. match) value: First 12 months only. Please specify if cash or in-kind.

| Match Source: | Associated Value (\$): | Match Type: |           |
|---------------|------------------------|-------------|-----------|
|               |                        | ☐ Cash      | ☐ In-Kind |
|               |                        | ☐ Cash      | ☐ In-Kind |
|               |                        | ☐ Cash      | ☐ In-Kind |
|               |                        | ☐ Cash      | ☐ In-Kind |
|               |                        | ☐ Cash      | ☐ In-Kind |

### A

| dditional Information:   |
|--|
| <ol> <li>Briefly describe how you envision continuing or expanding the program in years 2-4 if your approach proves to be successful in the first 12 months. Please include estimates for project costs and the number of farms/acres participating in future years. Note: Funding in FY2025 does not guarantee funding in subsequent years. (max. 200 words)</li> </ol> |
| 2. Are there any other details you would like to share?  (max. 200 words)  |
| To submit your proposal, please email the following two attachments to office@sandcountyfoundation.org with subject line "2025 FLF proposal from (your organization's name)":  |
|  |

- 1. This Proposal Form
- 2. A copy of your most recent PLWPG proposal, whether or not it was funded. If your group has never applied for PLWPG funding, please attach an example application using this form.