



# South Dakota Coronavirus Relief Fund Meat Processing Capacity Grant Application

## Applicant Information

Owner Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Business Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Company Name: \_\_\_\_\_

## Project Information

**1. Please describe your current processing capacity and expected processing capacity after improvements.**

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**2. Please describe how this funding will increase your ability to respond to past and/or future market disruptions to your business due to the coronavirus pandemic.**

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**Certification:**

By signing this application, I certify that:

- The information I provided in the application is true and correct to the best of my knowledge;
- I will use any funds I receive following this application solely for the purposes herein;
- I will cooperate with the South Dakota Department of Agriculture to verify any improvements made to new or existing structures covered under this grant program; and
- I agree to respond timely to any information requests from the South Dakota Department of Agriculture and will provide any requested documentation in the event my project is selected for individual review, or as may be necessary in connection with any federal or state review or audit of this grant program more generally.
- I agree not to sell, lease, convey, assign, transfer, or encumber any equipment purchased, in whole or in part, with funds provided pursuant to this Grant Agreement for a period of four (4) years from the date hereof, without the express prior written consent of the State. The State hereby gives its prior consent for me to grant a lien against such equipment in connection with a lender’s purchase money loan, or a new or renewed operating loan or line-of-credit for my business. I may not grant a lien on the equipment for any other purpose except as provided for herein. In the event the equipment is sold, leased, conveyed, assigned, or transferred within the four (4) year period, I agree to pay the State, within 30 days of such event, an amount equal to an amount determined by taking the purchase price of the equipment minus the depreciation accumulated through a five year straight-line depreciation schedule at the time of disposition times the approved percentage of the Project funded by this Grant Agreement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applications are due by May 1, 2021

**Return Application To:**  
South Dakota Department of Agriculture  
ATTN: Brian Pontious  
523 E. Capitol Avenue  
Pierre, SD, 57501  
Phone: (605)-773-5559  
Fax: (605)-773-5926