

Devices and Technology Subprogram Project Budget Template

Applicant Name:	Emily Haxby
Project Name:	Precision Planting Improvement
Date:	1/17/25

1. Project Budget Summary

Category	Total Cost
Traceability Solutions	\$ 0.00
Soil Health Products	\$ 0.00
Water Management Tools/Sensors	\$ 0.00
Autonomous Solutions	\$ 385,000.00
Installation and Integration	\$ 0.00
TOTAL PROJECT COST	\$ 385,000.00

2. Detailed Budget Breakdown

Category	Item/Description	Cost Per Unit	Quantity	Total Cost
Autonomous Solutions/Soil Health	Split-Row 16/31 Vari-Rate Planter	\$ 385,000	1	\$ 385,000.00
		\$		\$ 0.00
		\$		\$ 0.00
		\$		\$ 0.00
		\$		\$ 0.00
		\$		\$ 0.00
		\$		\$ 0.00
		\$		\$ 0.00
		\$		\$ 0.00
		\$		\$ 0.00
		\$		\$ 0.00
		\$		\$ 0.00
Total				\$ 385,000.00

3. Contribution Summary

Item	Amount	Documentation Attached (Y/N)
Total Project Cost	\$ 385,000.00	
Less: Applicant Contribution	\$	
Less: Partner Contribution	\$	
PRO-AG Grant Request	\$ 385,000.00	

4. Additional Notes:

To ensure seamless integration of the variable-rate planter with our John Deere 8330 tractor, GPS system, and farm management software, additional equipment such as monitors, modems, and GPS-compatible devices may be required. While our time of installation and additional technology costs have value that could be listed on this budget breakdown, it would be unfair assumptions as we do not know how much time would be involved in making sure all technologies communicate or if any additional hardware would be needed. We are fully committed to covering these supplementary costs with our own funds/time, reflecting our dedication to the projects success. These investments will ensure the planter operates effectively and is ready for the next planting season, supporting our goals of increased productivity, efficiency, and sustainability.

Certification: I hereby certify that the budget outlined above accurately reflects the allowable costs and contributions for the proposed project and that all contributions will be used solely for allowable expenses as defined by the PRO-AG Program Guide.

Emily M Haxby

1/17/25

Printed Name of Authorized Person

Date

Owner

Title of Authorized Person

Emily M Haxby
Signature of Authorized Person

Click to Attach this Form to an Email

Reset Form