



New York State  
Department of Agriculture & Markets

## FRESH CONNECT PROGRAM MINI-GRANT APPLICATION FORM

**Instructions:** Complete all questions and provide all information. Failure to answer all questions and provide all required information will result in rejection of the application.

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

Social Media: \_\_\_\_\_

Applicant Type:

- Local Government Entity
- Regional Market Authority
- Public Benefit Corporation
- Not-for-profit Corporation (one of the following must be met)
  - NYS Charities Registration Number \_\_\_\_\_ and written documentation from the Office of the Attorney General that the charitable organization is currently up-to-date with its Charities Registration (**ATTACH TO APPLICATION**); or
  - Statement from the applicant that the organization is exempt pursuant to one of the categories indicated on the [Office of Attorney General's Request for Registration Exemption \(Schedule E\)](#). The statement must identify the specific category under which the charitable organization is exempt. (**ATTACH TO APPLICATION**)

Applicant Principal Contact:

Name, Title: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**PROJECT INFORMATION**

*Complete the following questions. Be concise and complete. Answers will be used to determine eligibility according to the requirements in the Request for Applications. Attach additional pages as necessary.*

**1. Market Description.**

- Project involves a new farmers' market(s)
- Project involves an existing farmers' market

Yes  No Is the applicant the operator of the subject farmers' market?

Yes  No Is the applicant or affiliated markets a certified Food Stamp vendor?

If YES, attach proof of certification to the application.

If NO, attach proof of intent to participate, such as a completed application form to the application.

Yes  No Applicant agrees to accept Food Stamps as part of the proposed project, and provided proof of certification.

*Provide the following information for EACH farmers' market location involved with the project. Attach additional pages as necessary.*

Market Name: \_\_\_\_\_

Market Sponsor: \_\_\_\_\_

Physical Address or Location of the Market: \_\_\_\_\_

County: \_\_\_\_\_

If existing, year established: \_\_\_\_\_

Website: \_\_\_\_\_

Social Media: \_\_\_\_\_

Market Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Market Days & Hours: \_\_\_\_\_

**Opening and Closing** dates for Market: \_\_\_\_\_

Farmers' Market Type: (please check all that apply)

Retail  Wholesale \_\_\_\_\_

Vendor Fees: \_\_\_\_\_ Total Annual Budget: \_\_\_\_\_

Number of Farmer Vendors: \_\_\_\_\_ Number of Non-Farmer Vendors: \_\_\_\_\_

**Attach a list of Farm Vendors including name of farm and contact information for each market.**

2. **Project Description.** Describe the proposed capital project.

3. **Does the project involve permanent improvements to property, including new and/or existing facilities, NOT owned by the applicant?**

YES \_\_\_\_\_ NO \_\_\_\_\_

*If yes, an executed (signed) written agreement between the landowner and the applicant to retain the farmers' market and permanent improvements on said property through the year 2015 must be provided.*

4. Describe the timeline for completing the project.

5. How will the proposed project benefit all farmers at the market?

6. Describe how the project will serve low-income and/or underserved populations. Include demographics of the community: the population, income levels, any special needs, barriers, challenges, etc.

**BUDGET INFORMATION**

*The State will provide up to 75% of the total cost of a project, not to exceed \$2,500. Applicants must provide at least 25% of the cost of the project. In-kind contributions or cash by or on behalf of the application may satisfy the match requirement.*

Grant Funds Requested:       \$ \_\_\_\_\_ (not to exceed \$2,500)

Applicant Match:               \$ \_\_\_\_\_ (must be 25% of total project cost)

Total Cost of Project:       \$ \_\_\_\_\_

Source of Match	Sector (Circle One)	Amount
	Public / Private	\$
	Public / Private	\$
	Public / Private	\$
	Public / Private	\$
<b>TOTAL APPLICANT MATCH</b>		<b>\$</b>

## FRESH CONNECT PROGRAM MINI-GRANT PROPOSED BUDGET

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

Market Name: \_\_\_\_\_

All of the Fresh Connect funds being proposed must be used for costs that are directly related to the completion of the proposed project.

Expenses	Fresh Connect Funds	Other Funds		Total Project Costs
		Cash	In-Kind	
Physical Improvements				
Equipment				
Signs				
<b>TOTALS</b>				

*NOTE: The total Fresh Connect funds requested must not exceed the lesser of 75% of the total project cost or \$2,500. An example; A request of \$2,500 would require a total project cost of at least \$3,333 and a minimum match of \$833, (25 percent of \$3,333).*

**Project Budget Details**

Provide a detailed breakdown of each expenditure category above. Include detail regarding how budget amounts were derived. List the names of known contractors if applicable. List salary and wage rates (cash and in-kind) and estimated work days for project personnel. Provide a reasonably detailed breakdown of other project expenses. If the project has multiple components that can be undertaken independently, provide an expense breakdown for each component of the project. The Department may request additional information as deemed necessary to more fully determine the reasonableness of project costs.

## FRESH CONNECT PROGRAM MINI-GRANT REQUEST FOR APPLICATIONS CHECKLIST

*Complete and sign this checklist and submit it with your application form and any attachments.*

### Application Form:

- Proposal submitted on or before 4:30 p.m. EDT on Friday May 31, 2013
- All questions are answered on the Application Form
- 4 copies of the completed application submitted
- Signed and dated Application Checklist
- Envelope is clearly marked: RFA – Fresh Connect Program – Mini-Grants
- Envelope is addressed to: Lucy Roberson, Director of Fiscal Management  
NYS Department of Agriculture and Markets  
10B Airline Drive, Albany, New York 12235

### Required Documentation:

- Proof of authority to operate a farmers' market at the proposed location, including copies of all necessary permits, proof of permit application(s), or a signed letter of consent addressed to the applicant and signed by the property owner.
- Project involves permanent improvements to property, including new and/or existing facilities, not owned by the applicant, an executed (signed) written agreement between the landowner and the applicant to retain the farmers' market and permanent improvements on said property through the year 2015 must be provided
  - Not Applicable
- Applicants or affiliated markets are a certified Food Stamp vendor, agrees to accept Food Stamps as part of the proposed project, and provided proof of certification.
  - If the applicant or market is not a certified vendor at the time of application, proof of intent to participate, such as a completed application form, is provided.
- List of farmers participating in the farmers' market attached to the application.
- New York State Office of the State Comptroller Substitute Form W-9.
- Applicant is**
  - Local Government Entity
  - Regional Market Authority
  - Public Benefit Corporation
  - Not-for-profit Corporation (one of the following must be met)
    - Charitable registration number and written documentation from the Office of the Attorney General that the charitable organization is currently up-to-date with its Charities Registration; or
    - Statement from the applicant that the organization is exempt pursuant to one of the categories indicated on the [Office of Attorney General's Request for Registration Exemption \(Schedule E\)](#). The statement must identify the specific category under which the charitable organization is exempt.



**Project is eligible**

- Project is a capital project; Identify \_\_\_\_\_
- Project is located at a new or existing farmers' market
- Project benefits all farmers at a new or existing farmers' market
- New or existing market serves a low-income and or underserved population

**Budget is eligible**

- Funding request does not exceed the lesser of seventy-five percent (75%) of the total project cost or two thousand five hundred dollars (\$2,500)
- Match of 25% provided in form of cash or in-kind service
- Matching funds do not include costs incurred prior to the application
- Matching funds are related to the eligible project
- NYS funds not used as matching funds

**Costs are eligible (all of the following criteria must be met)**

- Funds used for eligible purpose(must include at least one of the following)
  - Physical improvements
  - Equipment
  - Signs
- Costs are directly related to an eligible project
- Costs appear reasonable using the budget detail provided

*I hereby certify that the information provided is accurate and correct to the best of my knowledge, and that I have the authority to apply for funding associated with this application.*

Name (printed): \_\_\_\_\_

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