

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

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

**NEW YORK STATE  
DEPARTMENT OF AGRICULTURE AND MARKETS  
REQUEST FOR PROPOSALS**

**State Assistance Payments for the  
FARMERS' MARKET GRANT PROGRAM  
for  
CAPITAL IMPROVEMENTS TO FARMERS' MARKETS**

**APPLICATION FORM**

**Instructions:**

1. Provide all the information requested. Failure to do so may result in a reduced rating or disqualification of a proposal.
2. Type all information if possible. Handwritten applications should be clearly legible.
3. Submit 4 copies of this application.

**Title of Project:** \_\_\_\_\_

**PART A – APPLICANT INFORMATION**

**Applicant:**

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

**County or counties where market(s) is (are) located:**

\_\_\_\_\_

**Principal Contact for the Applicant:**

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Type of Applicant (choose appropriate designation):**

- Municipal Corporation
- Regional Market Authority
- Public Benefit Corporation
- Not-for-Profit Corporation
- Agricultural Cooperative

**Type of Project (check one or more):**

- Building construction, renovation or expansion
- Site preparation or improvement
- Electrical improvement
- Water improvement
- Tents or other non-permanent shelters
- Equipment; such as refrigeration, cooking demonstration equipment
- Permanent Signage
- Engineering or architectural design
- Other \_\_\_\_\_

**PART B – MARKET INFORMATION**

*(NOTE: If this project involves more than one market please include information for each market.)*

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

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

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

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

**Contact Person:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

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

**Market Location:** \_\_\_\_\_

**Year Market Established:** \_\_\_\_\_

**Type of Market:** Retail \_\_\_\_\_ Wholesale \_\_\_\_\_ Both \_\_\_\_\_

**Number of farmer vendors** \_\_\_\_\_ **Nonfarmer vendors** \_\_\_\_\_

**Market fees** \_\_\_\_\_

**Total Annual Budget** \_\_\_\_\_

**Days, hours and months of operation:** \_\_\_\_\_

**Attach a current (2009) season list of participating farmers.**

**Describe the physical site(s) and structures (if any). List age of any existing structures.**

**PART C – BUDGET INFORMATION**

**1. Grant Funds Requested:** \$ \_\_\_\_\_

**2. Applicant Match:**

| Source of Match | Sector (check one)   | Amount   |
|-----------------|--|----------|
| _____           | <input type="checkbox"/> Public <input type="checkbox"/> Private | \$ _____ |
| _____           | <input type="checkbox"/> Public <input type="checkbox"/> Private | \$ _____ |
| _____           | <input type="checkbox"/> Public <input type="checkbox"/> Private | \$ _____ |
| _____           | <input type="checkbox"/> Public <input type="checkbox"/> Private | \$ _____ |

**Total Applicant Match\*** \$ \_\_\_\_\_

*\*Note: Total Applicant match must be at least equal to grant funds requested.*

**3. Total Cost of Project:** \$ \_\_\_\_\_

*Using the form on the following page, provide a summary of the project budget. Attach a separate page that provides a reasonably detailed breakdown of each expenditure category. Include detail regarding how budget amounts for contractual services (if any) were derived. List the names of known contractors. 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.*

*NOTE: The Department may request additional information as deemed necessary to more fully determine the reasonableness of project costs.*

**FARMERS' MARKET GRANT PROGRAM  
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**Proposed Project Budget**

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

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

| Expenditure Category                   | Grant Funds | Applicant Match |            | Total |
|--|-------------|-----------------|------------|-------|
|  |             | Cash            | In-Kind    |       |
| Salaries and Wages                     |             |                 |            |       |
| Contractor Services                    |             |                 |            |       |
| Architectural and Engineering Services |             |                 |            |       |
| Construction Supplies and Materials    |             |                 |            |       |
| Equipment                              |             |                 |            |       |
| Temporary Structures                   |             |                 |            |       |
| Construction Equipment Rental          |             |                 |            |       |
| Indirect and Direct Costs              | XXXXXXXXXX  |                 |            |       |
| Construction Contingency               |             |                 | XXXXXXXXXX |       |
|  |             |                 |            |       |
| <b>Total*</b>                          |             |                 |            |       |

**\*Be sure that matching funds equal or exceed funding requested. The total state funds requested must not exceed the lesser of 50% of the project cost or \$25,000.**

Indirect and overhead expenses offered as a match must be directly related to the proposed project and shall not exceed 15 percent of total amount of grant funds requested.

The proposed budget may include a "Contingency Account" of up to 10 percent of Contractor Services expenditures for projects involving construction to cover cost overruns. The "Contingency Account" must include an applicant match (cash only) of at least 50% of the total budget amount for the Contingency Account.

**PART D – PROJECT DETAILS**

- 1. Describe the project and the market need that it will address.**  
*(Photographs, drawings, diagrams may be helpful and may be included.)*

- 2. Approximate Duration of Project (in months)** \_\_\_\_\_

- 3. Explain the extent to which New York farmers served by the farmers' market will benefit from this project through the direct sale of farm and food products. Describe the number of farms, type of farms etc. in the area served by the market.**



**6. Identify the anticipated quantity of non-farm jobs that would be created and retained due to the proposed project.**

**7. List the names, titles and qualifications of all key project personnel.**



8. a.) Does the project involve permanent improvements to the property where the subject farmers' market is held?

YES (proceed to question 8b)

NO (proceed to question 9)

b.) Does the applicant own the property where the subject farmers' market is held?

YES (proceed to question 9)

NO If NO, the application must include a written executed (signed) agreement between the property owner and the applicant allowing the applicant to retain the farmers' market and any permanent improvements funded with state funds received pursuant to this RFP on the property through the year 2014.

9. Is the applicant the operator of the subject farmers' market?

YES

NO If NO, evidence that the farmers' market is under the control of the property owner must be included with this application. Evidence of control shall consist of a formal written agreement between the applicant property owner and the farmers' market operator stating, at a minimum, the operational hours, operational months, location(s), insurance coverage responsibility and any other controls and or restrictions in place or required. If the project involves permanent improvements, such agreement should also require the market to be maintained on that site through the 2014 market season.

10. Plan of Work:

Please complete the attached Plan of Work Chart. List the major tasks to be performed for the proposed project; the key personnel that will be responsible for completing each task; and the estimated number of days to complete the task.

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**Plan of Work**

| <b>Task</b> | <b>Responsible Personnel</b> | <b>Completion Date<br/>(number of days after project<br/>start date)</b> |
|-------------|------------------------------|--|
|             |                              |  |
|             |                              |  |
|             |                              |  |
|             |                              |  |
|             |                              |  |
|             |                              |  |

**FARMERS' MARKET GRANT PROGRAM  
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**CHECKLIST FOR PROPOSAL ELIGIBILITY AND COMPLETENESS**

*Please complete and sign this checklist and submit it with your application form.*

**APPLICATION**

- ( ) Proposal submitted in time to be **received** by the Department's Division of Fiscal Management by **4:30 p.m. EDT, July 27, 2009** \*
- ( ) Proposal submitted by eligible applicant, as described in RFP \*
- ( ) 4 copies of proposal submitted
- ( ) All questions in Application Form completed

**PROJECT**

- ( ) Project meets one or more eligibility descriptions detailed in RFP \*
- ( ) Copy provided of a written executed (signed) agreement between landowner and the applicant to retain market and permanent improvements on site through 2014 **only** if project involves permanent improvements to property that is not owned by the applicant (see application for further explanation)
- ( ) If applicant does not operate the market, written and executed (signed) evidence provided that market is under applicant's control (see application for further explanation)

**BUDGET AND COSTS**

- ( ) Matching funds for project expenses **equal** or **exceed** requested funding \*
- ( ) New York State funds not used for matching expenses \*\*
- ( ) Value of currently owned assets not included as match for project expenses \*\*
- ( ) Work already performed or that will be performed prior to announcement of awarded projects not included as match for project expenses \*\*
- ( ) Proposal does not request more than \$25,000 in funding \*\*\*
- ( ) Indirect and overhead matching expenses directly related to the proposed project do not exceed 15% of requested funding \*\*
- ( ) Total Contingency Account does not exceed 10% of total Contractor Services expenditures \*\*\*
- ( ) Contingency Account includes an applicant **cash** match of at least 50% of the total budget amount for the Contingency Account \*\*\*
- ( ) Budget Detail included
- ( ) All costs for which grant funds are requested are eligible \*\*\*
- ( ) Amounts entered on all budget sheets relate and correspond with each other

**\* Required element of proposal. Applications not meeting these requirements will be returned and not considered for funding.**

**\*\* Proposals that do not meet these requirements will not be considered for funding if budget adjustments to remove ineligible matching funds result in matching funds that are less than 50% of total project cost.**

**\*\*\* If the proposal does not meet these requirements only the portion of the proposal that includes eligible costs up to \$25,000 will be considered for funding.**

**Signature of applicant** \_\_\_\_\_