



New York State
Department of Agriculture & Markets

FRESH CONNECT PROGRAM

Food Box Pilot Project

APPLICATION FORM

PART A - APPLICANT INFORMATION

Applicant Name: _____

Address: _____

Website: _____

Social Media: _____

Applicant Type:

- local government entity
- regional market authority
- public benefit corporation
- not-for-profit corporation; NYS Charities Bureau Registration Number: _____

Project Eligibility Type:

- creating new food box customer pick-up location(s) serving low-income and/or underserved communities
- at a new food box customer pick-up location creating a new or strengthening existing nutrition incentive programs to attract new customers from low-income and/or underserved communities
- at a new food box customer pick-up location creating new or strengthening existing partnerships or programs that better connect low-income and/or underserved communities with local farm and food products

Food Box Customer Pick-up Location Control:

- Yes, operating a food box customer pick-up location is a component of this proposal
 - Copies of all necessary permits, proof of permit application, or a signed letter of consent addressed to the applicant and signed by the property owner is included in this proposal
- No, operating a food box customer pick-up location is not a component of this proposal, but operating an eligible project in connection with a food box customer pick-up location is a component of this proposal
 - A formal written and executed (signed) agreement between the applicant and associated food box customer pick-up location operator is included in this proposal

SNAP Vendor Certification:

- Yes, SNAP vendor certification has been obtained by the applicant or affiliated food box customer pick-up location and the applicant or affiliated food box customer pick-up location agrees to accept SNAP benefits as part of the proposed project
 - Proof of SNAP vendor certification is included in this proposal, or
 - Proof of SNAP vendor application, or intent to become certified, is included in this proposal
- No, SNAP vendor certification has not been obtained by the applicant or affiliated food box customer pick-up location

Food Donation Program:

- Yes, a food donation program is a component of this proposal
 - A letter of participation addressed to the applicant and signed by the food donation center, food pantry, soup kitchen, etc. is included in this proposal
- No, a food donation program is not a component of this proposal

Principal Contact:

Name, Title: _____

Address: _____

Office Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

PART B –FOOD BOX CUSTOMER PICK-UP LOCATION OPERATION INFORMATION

Please complete the below information. If project involves multiple locations, please provide the below information for each location.

Pick-up Location Name: _____

Physical Address of Pick-up Location: _____

Pick-up County: _____ City: _____ Zip: _____

Website: _____

Social Media: _____

Contact Person for Pick-up Location: _____

Contact Mailing Address: _____

Contact Office Phone: _____ Contact Cell Phone: _____

Contact Fax: _____ Contact Email: _____

Manager for Pick-up Location _____

Manager Mailing Address: _____

Manager Office Phone: _____ Manager Cell Phone: _____

Manager Fax: _____ Manager Email: _____

Pick-up Location Opening Day: _____ Closing Day: _____

HOURS OF OPERATION	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
(e.g. 4pm-6pm)							

PART C – BUDGET INFORMATION

The State will provide up to 75% of the total cost of a project, not to exceed \$25,000. Applicants must provide at least 25% of the cost of the project. In-kind contributions and/or cash by or on behalf of the application may satisfy the match requirement.

Grant Funds Requested: \$ _____ (e.g. \$25,000) (not to exceed \$25,000)

Applicant Match: \$ _____ (e.g. \$8,333) (must be 25% of total project cost)

Total Cost of Project: \$ _____ (e.g. \$33,333)

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

Matching Funds Source Documentation

Those applicants that plan to use third-party sources of funding must attach letters of support documenting those sources and the dollar value of those matching funds.

Using the form on the following page, provide a summary of the project budget, as well as an additional page to describe the project's budget details.

**FRESH CONNECT PROGRAM
 PROPOSED BUDGET**

Applicant: _____

Project Title: _____

Food Box Customer Pick-up Location 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.

Anticipated Expenses	Fresh Connect Funds	Other Funds		Total Project Costs
		Cash	In-Kind	
Salaries & Wages				
Advertising & Promotion				
Outreach & Education				
Insurance & Permits				
Supplies & Equipment				
Contractor Services				
Transportation				
Other Expenses				
TOTALS				

NOTE: The total Fresh Connect funds requested must not exceed the lesser of 75% of the total project cost or \$25,000.

Attach Project Budget Details

Attach a separate page to provide a reasonably detailed breakdown of each expenditure category above. 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. The Department may request additional information as deemed necessary to more fully determine the reasonableness of project costs.

3. Describe the demonstrated quantifiable benefits and impact of the project to the target population, including but not limited to:
 - a. Number of New York farmers participating, per food box location
 - b. Projected SNAP sales goal (\$ SNAP), per day, per food box location
 - c. Projected sales goal (\$ dollars), per day, broken out by location
 - d. Project reach, per food box location (number food box customers)
 - e. Increase in access to local farm and food products (number of opportunities to purchase a food box) (e.g. 2 locations, for 10 weeks is $2 \times 10 = 20$ potential food box purchases)

4. Describe the demonstrated experience/qualifications of key persons involved, including but not limited to:
 - a. Experience running/administering a food box style program
 - b. Experience operating SNAP EBT programs
 - c. Wholesale/retail experience
 - d. Experience working with NYS farmers
 - e. Experience working with low-income populations

5. Describe the defined plan of work for the operation of the project for the term of the grant program. Describe the plan of work addressing the feasibility and sustainability of the proposed project to become self sustaining in a 3 year timeframe. How will this project be evaluated for success? What are the short-term and long-term goals for the food box project? Specify any benchmarks.

6. Describe the committed level of support for the project from community partners and farmers.

7. Provide a list of community partners supporting this project. Please include their name, title, affiliation, office phone and email.

NAME, TITLE & AFFILIATION	PHONE	EMAIL

8. Provide the names and contact information of farmers that support this project and are committed to participate. Attach additional pages if necessary.

FARMER NAME, FARM NAME	COUNTY	EMAIL/PHONE

PART E – BONUS POINTS

A total of five (5) extra points may be available to applicants that can positively answer the following and provide appropriate detail.

- 1. Will the project involve a food donation program? If yes, explain how the food donation program will be administered at the food box customer pick-up location, who will receive the donated product, and any goals for the food donation program. A letter of participation or agreement from the food donation center (food bank, food pantry, soup kitchen, etc.) is also required.**

FRESH CONNECT PROGRAM CHECKLIST

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

Eligibility:

- Applicant and project is eligible, per Section 2 of the RFP
- Four copies of the Application Form and corresponding attachments are included
- All budget requirements are met, including the amount requested and 25% match

Application Form:

- All questions are answered on the Application Form
- You have made 4 copies of the completed application to be submitted
- Signed and dated this Checklist
- Proposal submitted in time to be received by 4:30 p.m. on Wednesday, April 3, 2013
- Envelope is clearly marked: RFP – Fresh Connect Program – Food Box Pilot Project
- Envelope is addressed to: Lucy Roberson, Director of Fiscal Management
NYS Department of Agriculture and Markets
10B Airline Drive, Albany, New York 12235

Documentation:

- Letters of support from third-party matching funds
- Project Budget Details
- List of farmers and community partners
- Food Box customer pick-up location Control documents
- Certified SNAP Vendor documents
- Proof of Workers Compensation & Disability Insurance
- If not-for-profit organization, registration number provided or proof of application is attached
- Food donation program letter of participation, if applicable
- Additional pages are attached for further explanation of any answers in the Application Form

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: _____