



New York State  
Department of Agriculture & Markets  
**FRESH CONNECT PROGRAM  
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 (provide number, proof of application or exemption)  
NYS Charities Bureau Registration Number: \_\_\_\_\_

**Principal Contact:**

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

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

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

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

**PART B - MARKET INFORMATION (if applicable)**

*If the proposed project involves a market, whether it be creating a new market or working with an existing market, please complete the following information. If the proposed project does not involve a market, please skip to Part C.*

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

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

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

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

This is a  New or  Existing farmers' market. If existing, year established: \_\_\_\_\_

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

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

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

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

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

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

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

Market Season: \_\_\_\_\_

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

Retail  Wholesale  Youth  Mobile  On-line  Other \_\_\_\_\_

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

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

Does the applicant own the property where the farmers' market is held?  Yes  No

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

**PART C – BUDGET INFORMATION**

*The State will provide up to 75% of the total cost of a project, not to exceed \$10,000. 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 \$10,000)

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>

**Attach Documentation of Third-Party Sources of Matching Funding**

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: \_\_\_\_\_

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.

Anticipated Expenses	Fresh Connect Funds	Other Funds		Total Project Costs
		Cash	In-Kind	
Salaries & Wages				
Advertising & Promotion				
Community Outreach				
Program Administration				
Supplies & Equipment				
Contracted Services				
Other Expenses				
<b>TOTALS</b>				

*NOTE: The total Fresh Connect funds requested must not exceed the lesser of 75% of the total project cost or \$10,000.*

**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.

**PART D – PROJECT DETAILS**

*Please answer the following questions to the best of your ability. Please be as complete as possible and attach any supporting documents or additional pages as necessary.*

1. Describe the project overall. What is the main objective? How will it be administered? Why is it important or needed in the targeted community? How will the project help New York farmers?

2. Describe when the project will operate – days, hours, length of season and frequency. Explain if the timing is in response to any special needs from the community.

3. Explain who this project will serve. Are they located in a low-income or underserved community? Describe to the best of your ability the demographics of the community: the population, income levels, any special needs, barriers, challenges, etc.

4. List the key people involved in the project. Include their complete contact information, assigned duties and any relevant experience to this project that will aid its success.

5. Describe any attributes of this project that make it different or unique from the other programs in the area. How will this project will be successful in increasing access of fresh, locally grown food with communities in need?

6. Describe the feasibility and sustainability of this project. How will this project be evaluated for success? What are the short-term and long-term goals? Specify any benchmarks.

7. Provide three references from the community 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.

NAME, FARM NAME & TOWN	PHONE	EMAIL



**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 and/or market involve a food donation program? If yes, explain how the food donation program will be administered at the market, 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 Monday, April 2, 2012
- Envelope is clearly marked: RFP – Fresh Connect Program
- 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, per Page 3 of Application Form
- Project Budget Details, per Page 4 of Application Form
- List of farmers/vendors, per Question #8 on Application Form
- Farmers' Market Ownership & Control documents, per Section 3.1 of RFP
- Certified Food Stamp Vendor documents, per Section 3.2 of RFP
- Proof of Workers Compensation & Disability Insurance, per Section 3.3 of RFP
- If not-for-profit organization, registration number provided or proof of application is attached per Section 3.4 of RFP
- Food donation center letter, per Bonus Points, 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: \_\_\_\_\_