



New York State
Department of Agriculture & Markets
FRESH CONNECT PROGRAM

Traditional Farmers' Markets

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

Farmers' Market Ownership & Control:

- Yes, operating a farmers' market 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 farmers' market is not a component of this proposal, but operating an eligible project in connection with a farmers' market is a component of this proposal
 - A formal written and executed (signed) agreement between the applicant and associated farmers' market operator is included in this proposal

Permanent Improvements to Property:

- Yes, permanent improvements to property, owned by the applicant, are a component of this proposal
- Yes, permanent improvements to property, not owned by the applicant, are a component of this proposal
 - A formal written and executed (signed) agreement between the property owner and applicant to retain the farmers' market and permanent improvements on said property is included in this proposal
- No, permanent improvements to property are not a component of this proposal

SNAP Vendor Certification:

- Yes, SNAP vendor certification has been/will be obtained by the applicant or affiliated market and the applicant or affiliated market 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 market

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 – FARMERS’ MARKET OPERATION INFORMATION

Complete the following information. If project involves the operation of multiple location, please provide all of the below information for each location.

Market Name: _____

Market Sponsor: _____

Physical Address or Location of the Market: _____

Market County: _____ City: _____ Zip: _____

This is a New or Existing farmers’ market. If existing, year established: _____

Website: _____

Social Media: _____

Market Contact Person: _____

Contact Mailing Address: _____

Contact Office Phone: _____ Contact Cell Phone: _____

Contact Fax: _____ Contact Email: _____

Market Manager: _____

Manager Mailing Address: _____

Manager Office Phone: _____ Manager Cell Phone: _____

Manager Fax: _____ Manager Email: _____

Market Opening Day: _____ Market Closing Day: _____

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

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

Retail Wholesale _____

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 and/or cash by or on behalf of the application may satisfy the match requirement.

Grant Funds Requested: \$ _____ (e.g. \$10,000) (not to exceed \$10,000)

Applicant Match: \$ _____ (e.g. \$3,333) (must be 25% of total project cost)

Total Cost of Project: \$ _____ (e.g. \$13,333)

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: _____

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				
Outreach & Education				
Insurance & Permits				
Supplies & Equipment				
Contractor Services				
Permanent Improvements				
Transportation				
Other Expenses				
TOTALS				

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.

4. Describe the demonstrated experience and qualifications of key persons involved, including but not limited to a demonstrated track record in operating a SNAP EBT program at the market or another market or venue operated by the market sponsor.

5. Describe the defined plan of work for the operation of the project for the term of the grant. 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? Specify any benchmarks.

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

7. Provide 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 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
- 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 clearly marked: RFP-Fresh Connect Program-Traditional Farmers' Market
- 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
- Farmers' Market Ownership & Control documents and support letters
- 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: _____