



New York State
Department of Agriculture & Markets

FRESH CONNECT PROGRAM

Youth 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 youth 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 youth market
- creating new or strengthening existing partnerships or programs that better connect low-income and/or underserved communities with local farm and food products at a new or existing youth market

Youth Market Ownership & Control:

- Yes, operating a youth 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 youth market is not a component of this proposal, but operating an eligible project in connection with a youth market is a component of this proposal
 - A formal written and executed (signed) agreement between the applicant and associated youth 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 youth 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 obtained by applicant or affiliated youth market and applicant or affiliated youth market agrees to accept SNAP benefits as part of 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 –YOUTH MARKET OPERATION INFORMATION

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

Youth Market Name: _____

Youth Market Sponsor: _____

Physical Address or Location of the Youth Market: _____

Youth Market County: _____ City: _____ Zip: _____

This is a New or Existing Youth Market. If existing, year established: _____

Website: _____

Social Media: _____

Youth Market Contact Person: _____

Contact Mailing Address: _____

Contact Office Phone: _____ Contact Cell Phone: _____

Contact Fax: _____ Contact Email: _____

Youth Market Manager: _____

Manager Mailing Address: _____

Manager Office Phone: _____ Manager Cell Phone: _____

Manager Fax: _____ Manager Email: _____

Youth Market Opening Day: _____ Closing Day: _____

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

Num. of Farmers sourcing fresh, local produce from: _____ Num. of Non-Farmer Vendors: _____

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

Is the applicant the operator of the subject youth market? Yes No

PART C – BUDGET INFORMATION

The State will provide up to 75% of the total cost of a project, not to exceed \$20,000. 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. \$20,000) (not to exceed \$20,000)

Applicant Match: \$ _____ (e.g. \$6,666) (must be 25% of total project cost)

Total Cost of Project: \$ _____ (e.g. \$26,666)

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: _____

Youth 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 \$20,000.

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/qualifications of key persons involved, including but not limited to:**
 - a. Experience operating successful, self sustaining youth market network**
 - b. Experience operating SNAP EBT programs**
 - c. Wholesale/retail experience**
 - d. Experience working with NYS farmers**
 - e. Experience working with low-income populations**
 - f. Comprehensiveness of the sponsor's Youth Market program including established curriculum, and training of the youth in all aspects of the Youth Market**

- 5. Describe the defined plan of work for the operation of the project for the term of the grant, including but not limited to including but not limited interacting with the farm owner/operator and learning the best practices for handling, transporting, and storing of fresh produce. Specify how the youth are recruited, trained and involved in all aspects of the market operation. Attach curriculum and other relevant documents that demonstrate the breadth and depth of the organization's youth market program.**

- 6. 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.**

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

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

NAME, TITLE & AFFILIATION	PHONE	EMAIL

9. 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 youth 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 Friday, March 8, 2013
- 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
- Project Budget Details
- List of farmers and community partners
- Youth Market Ownership & 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: _____