



New York State  
Department of Agriculture & Markets  
**FRESH CONNECT PROGRAM**

Farmers' Market Projects

**APPLICATION FORM**

**PART A - APPLICANT INFORMATION**

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

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

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

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

Grants Gateway GDV Number: \_\_\_\_\_

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 it 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 locations, 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: \_\_\_\_\_ Year Round

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	\$
<b>TOTAL APPLICANT MATCH</b>		<b>\$</b>

**Matching Funds Source Documentation**

Match Commitment Letters must be attached documenting the sources and the dollar value of 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				
<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? Why is it important or needed in the targeted community? How will the project help New York farmers?**
  
  
  
  
  
  
  
  
  
  
- 2. Describe to the best of your ability the demographics of the community: the population, income levels, any special needs, barriers, challenges, etc.**
  
  
  
  
  
  
  
  
  
  
- 3. Describe the demonstrated, quantifiable benefits and impact of the project including, but not limited to:**
  - a. Number of New York farmers participating, per market location**
  - b. Projected SNAP sales goal (\$ SNAP dollars), per market day, broken out by market location**
  - c. Projected reach of target population (# people), per market day, broken out by location**
  - d. Increase in access to local farm and food products (number of hours) (e.g. 2 market locations, 4 hours each market day, for 10 weeks is  $2 \times 4 \times 10 = 80$  hours access)**
  - e. SNAP sales from calendar year 2013. Disregard if new market.**
  
  
  
  
  
  
  
  
  
  
- 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.*

### Application:

- All questions are answered on the Application Form
- Original and four (4) copies of the Application Form and corresponding attachments are included
- Proposal submitted in time to be received by 4:30 p.m., EDT, Wednesday, April 2, 2014\*
- 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

### Eligibility:

- Applicant and project is eligible, as described in the RFP\*
- Prequalified (NFP) or Preregistered (governmental) in NYS Grants Gateway

### Budget:

- Budget information included and complete
- Proposal does not request more than \$10,000 in funding
- Matching funds equal or exceed 25% of the total project costs\*

### Documentation:

- Match Commitment Letters
- Project Budget Detail provided
- List of farmers and community partners
- Farmers' Market Ownership & Control documents
- Certified SNAP Vendor documents
- Proof of Workers Compensation & Disability Insurance
- If not-for-profit organization, NYS Charities Bureau 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

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

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_