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| 2015 CITY OF MADISON SEED GRANTSMadison Food Policy Council  | Madison 4c logo |

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| Applicant Information |
| **Title of Proposal** |  | **Amount Requested: $** |
| **Agency/Organization/****Group Name** |  |
| **Contact Person** |  | **Telephone #:** |
| **Address** |  | **Email:** |
| **Is your group a 501 (c)(3)?** | YES [ ]  | NO [ ]  |
| **Is your group Incorporated under Chapter 181 Wisc. Stats.?** | YES [ ]  | NO [ ]  |
| **If no to above, do you have a fiscal agent?** | YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NO [ ]  |
| Proposal Summary |
| **Please limit each answer in this section to 250 words. You may attach additional information related to the questions and budget to this application.**  |
| **Question 1: How does your proposal address one or more of the areas outlined in “Short-Term programs, policies, actions” in the United Way of Dane County’s Healthy Food for All Children 10-year plan?** |
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| **Question 2: Please describe your targeted population, including a description of how the program or project specifically will impact people of color and/or low-income individuals (e.g. location, ages, ethnicities, income ranges, etc.).** |
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| **Question 3: Please describe specifically how the funds from this grant would be used to increase food access (e.g. staffing, programming, supplies, etc.).** |
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| **Question 4: Please describe your specific goals of this proposal and how you intend to measure the outcomes.**  |
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| **Question 5: Please take some time to think and describe the potential disparate impact on vulnerable populations and explain steps that you will take to mitigate the impact.** |
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| FunDING Details |
| **A) What other funding sources have you sought and/or received to support this proposal? Please describe if any other sources are matching funds contingent on securing city funds.**  |
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| ***B) SEED Grants are intended to be one-time, one-year grants. How do you anticipate replacing city funds in the future?*** |
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| Coordination/collaboration |
| **Please describe the relationship between your group and other applicable stakeholders, including, but not limited to: other funders, targeted populations, potential participants, other organizations or groups offering services in the same or similar area, collaborating partners, and/or governmental bodies (350 words max.).** |
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| personnel chart |
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| Title of Staff Position | F.T.E. \* | Proposed Hourly Wage^ |
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| **TOTAL** |  |  |

\*F.T.E = Full Time Equivalent employee = 2080 hours = 1.00 F.T.E.^Note: **All employees involved in programs receiving City of Madison funds must be paid the established Living Wage as required under Madison General Ordinance 4.20. The Madison Living Wage for 2015 is $12.62 per hour.** |
| Budget summary |
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| **Budget Expenditures** | **Total Project Costs** | **Amount of City Dollars Requested** | **Amount of Other Revenues/In-Kind Support** | **Remaining Funding Gap (if any)** |
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| Disclaimer and Signature |
| I certify that my answers are true and complete to the best of my knowledge. |
| Signature |  | Date |  |