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| 2017 CITY OF MADISON SEED GRANTSMadison Food Policy Council  | Madison 4c logo |

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| Applicant Information |
| **Title of Proposal** |  | **Amount Requested: $****(max. $10,000)** |
| **Agency/Organization/****Group Name****(Please provide the full, legal business name for the resulting contract.)** |  |
| **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 [ ]  |

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| 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**](https://www.unitedwaydanecounty.org/pubs/HealthyFoodForAllChildren10YrsCommunityPlan.pdf)**?** |
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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 describe the potential ways that your proposal seeks to reduce disparities in our city; racial, economic or otherwise.** |
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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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| ***C) SEED Grants are often a crucial source of funding for organizations seeking to launch an initiative or program, or project. Please outline if and how SEED funds are essential to making your initiative, program, or project a reality.*** |
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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 2016 is $12.83 per hour. *Madison Living Wage for 2017 is pending.*** |
| 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 |  |