**2021 City of Madison Community Food Access**

**Competitive Grants Program Application  
Deadline: Fri Jan. 29, 2021 @ 5:00PM**

**Submit to George Reistad, Food Policy Director:** [**mfpc@cityofmadison.com**](mailto:mfpc@cityofmadison.com)

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| **COVER LETTER** (500 words or less) |
| Please submit a separate cover letter on organizational letterhead that provides a brief overview of your Community Food Access – Competitive Grants Program (CFA-CGP) proposal and includes:   * The amount of CFA-CGP funding requested * How your organization will use CFA-CGP funding to meet community food needs and how your organization engaged community members to verify need(s) * If applicable, how your organization has pivoted it’s approach to serving community food systems needs during the COVID-19 pandemic and how this proposal aligns with funding needs spurred by COVID-19 and any changes to your organizational project approaches |

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| **PART I: APPLICANT INFORMATION** |
| Title of Proposal: |
| **Total Funding Amount Requested (max. $25,000):** |
| Agency/Organization/Group Name (Please provide the full, legal business name): |
| Address: |
| Contact Person (Name): |
| Telephone number: |
| 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 |
| **PART II: PROJECT DETAILS** |
| ***The following questions are about the details of your proposal and your partners. We look to fund focused, innovative proposals around a variety of community food systems issues. Please answer each question in no more than 250 words.*** |
| 1. What is your proposal and what does it seek to accomplish? |
| 2. Who will you work with on implementing this proposal? (e.g. funders, potential participants, other organizations or groups offering services in the same area, and/or governmental bodies) |
| **PART III: COVID-19 RESPONSE, COMMUNITY IMPACT, RACIAL EQUITY AND SOCIAL JUSTICE** |
| ***The following questions are about who your proposal reaches and the potential impacts to individuals and communities (direct, indirect; intended, unintended). Priority is given to proposals that are:***   1. ***Meeting identified needs caused/exacerbated by the COVID-19 pandemic*** 2. ***Serving neighborhoods identified as*** [***Food Access Improvement***](https://www.cityofmadison.com/mayor/priorities/food/healthy-food-retail-underserved-neighborhoods/food-access-improvement-map) ***areas of focus*** 3. ***Impacting under-served/under represented communities in Madison.***   ***Please answer questions below in no more than 250 words*** |
| 3. What areas of Greater Madison will your proposal serve? (Check all that apply):   * Specific neighborhood(s), please list: * General areas of Madison:   + South Madison   + East Madison   + North Madison   + West Madison * All of Madison * Dane County (outside Madison) * Other (please describe): |
| 4. Please describe how your project/program will operate within the area(s) denoted above (e.g. project/program will work within a specific community center, faith community, etc). **Please use this response to describe any COVID-19 related activities in more detail.** |
| 5. Please describe how this proposal will serve the residents of the area(s) you are working in. |
| 6. How have members of these communities been engaged with and helped to inform the approach of the proposed project/program and/or how do you plan on engaging them in those processes? |
| 7. Please explain the beneficial impacts of your proposal to Communities of Color and/or low-income communities: |
| **PART IV: EVALUATION** |
| ***The following section is about the specific goals of your proposal and how you will measure them to determine project/program success. We look for projects/programs with clear goals and ways to measure the progress towards those goals. Please answer each question in no more than 250 words*** |
| 8. What are the goals of your proposal? These goals can be quantitative and/or qualitative. |
| 9. How will you measure progress towards your goals? Please list at least 3 specific measures and/or benchmarks that will be used. Ideally these will relate to the goals listed above. *(NOTE: these measures will be used in the Community Food Access – Competitive Grants Program follow up evaluation form)* |
| **PART V: FINANCIAL NEED** |
| ***The following questions are in regards to the use of Community Food Access – Competitive Grants Program*** ***funds and overall budget of the proposal. Priority is given to proposals that* *demonstrate the following:***   1. ***CFA-CGP funding is essential to a project/program feasibility and success*** 2. ***Verification that city funds will be matched by another source*** 3. ***Clear plans for project/program sustainability.***   ***Please answer questions in no more than 250 words.*** |
| 10. Please describe specifically how the funds from this grant would be used to implement your project/program: |
| 11. Please outline how CFA-CGP funds are essential to making your project/program a reality: |
| 12. What other funding sources have you sought and/or received to support this project/program? Please describe if any other sources you are pursuing are matching funds **contingent on securing city funds**. |
| 13. How do you anticipate financially continuing the project/program in future years? How would you adapt the project/program if your organization is not able to secure the full funding needed? |

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| **BUDGET SUMMARY** | | | |
| **Item Description** | **Total Cost of Line Item** | **City Grant Dollars Requested** | **Funds Needed, Pending, or Secured** |
| *EXAMPLE*  *Program Coordinator (.5 FTE)* | *$20,540.00* | *$7,500.00* | *$13,040.00 (SECURED)* |
| *EXAMPLE*  *Packaged, hot meals (4,000 meals @ $6/meal)* | *$24,000.00* | *$12,000.00* | *$12,000.00 (PENDING MATCHING FUNDS)* |
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| ***TOTAL AMOUNTS - EXAMPLE*** | ***$44,540.00*** | ***$19,500.00*** | ***$25,040.00*** |
| **TOTAL AMOUNTS** |  |  |  |

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| **PERSONNEL CHART\***  *\*While not required if you are not requesting operational dollars for staffing costs, outlining staff FTE and hourly wage costs is useful information for grant reviewers* | | |
| Title of Staff Position | F.T.E. \* | Proposed Hourly Wage |
| *EXAMPLE*  *Program Coordinator* | *50%* | *$19.75/hr.* |
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| **TOTAL** |  |  |

\*F.T E = Full Time Equivalent employee = 2080 hours = 1.00 F.T.E.

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| **PART V: DISCLAIMER AND SIGNATURE** |
| *I certify that my answers are true and complete to the best of my knowledge.* |
| Signature: Date: |