**2024 City of Madison SEED Grant Application  
(Deadline: Monday, March 1, 2024 11:59PM)**

**Submit to Madison Food Policy Council,** [**mfpc@cityofmadison.com**](mailto:mfpc@cityofmadison.com)

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| **COVER LETTER** (500 words or less) |
| Please provide a brief overview of your proposal which includes:   * How the project/program relates to food access in Madison and who is targeted/served * The amount of SEED Grant funding requested and how the funds will be used * Why SEED Grant funding is important to your project/program |

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| **PART I: APPLICANT INFORMATION** |
| Title of Proposal: |
| Amount Requested (max. $10,000): |
| 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 project/program and your partners. We look to fund focused, innovative projects/programs around a variety of thematic areas. Please answer questions in no more than 200 words.* |
| 1. What is the proposed project/program and what does it seek to accomplish? |
| 2. Who are you working with on this project/program? (e.g. funders, potential participants, other organizations or groups offering services in the same area, and/or governmental bodies) |
| **PART III: COMMUNITY IMPACT, RACIAL EQUITY, AND SOCIAL JUSTICE** |
| *The following questions are about who your project/program reaches and the potential impacts to individuals and communities (direct, indirect; intended, unintended). Priority is given to projects/programs serving neighborhoods identified as* [*Food Access Improvement*](https://www.cityofmadison.com/mayor/documents/FAIM_Dec2022.pdf) *focus areas and those that impact under-served/under represented communities in Madison. Please answer questions in no more than 200 words* |
| 3. What areas of Madison will the project/program serve? |
| 4. Please describe how your project/program is serving this area? (e.g. project/program is working within a specific community center, etc) |
| 5. Please describe how your project is improving healthy food access for neighborhood/City of Madison residents? |
| 6. How have members of these communities been engaged with the proposed project and/or how do you plan on engaging them? |
| 7. Please explain the impacts to Communities of Color and/or low-income communities: |
| **PART IV: METRICS FOR SUCCESS** |
| *The following section is about the specific goals of your project and how you will measure them to determine the success of your project. We look for projects with clear goals and ways to measure the progress towards those goals. Please answer each question in no more than 200 words* |
| 8. What are the goals of your project? These could be about the quantity (e.g. the number served) and quality (e.g. the number who achieve a positive outcome) of your project. |
| 9. How will you measure the progress towards your goals? Please list specific measures and/or project benchmarks that will be used. Ideally these will relate to your project goals listed above. |
| **PART V: FINANCIAL NEED** |
| *The following questions are in regards to the use of SEED grant funds and overall project budget. We look for proposals that* *illustrate that SEED funding is essential to a project’s feasibility and success (particularly for a short-term funding gap or to help a project get off of the ground), where there is a demonstrated expectation that city funds will be matched by another source, and plans for project sustainability. Please answer questions in no more than 150 words.* |
| 10. Please describe specifically how the funds from this grant would be used: |
| 11. SEED grants are often a crucial source of funding for organizations seeking to launch a project. Please outline if and how SEED funds are essential to making your project a reality: |
| 12. What other funding sources have you sought and/or received to support this project? Please describe if any other sources are matching funds contingent on securing city funds. |

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| **Budget Item Description** | **Item Cost(s)** | **SEED Grant Dollars Requested** |
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| **TOTAL AMOUNTS** |  |  |

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| **PERSONNEL CHART** | | |
| 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.

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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: |