



# Healthy Retail Access Program Application City of Madison



## APPLICANT INFORMATION

Primary Contact Name:

Total Project Amount:

Healthy Retail Funds requested:

Agency/Organization/Group Name (Legal Entity Name) and Address:

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Applying as a:

- Retailer
- Non-Retail Organization

Are you a SNAP-approved retailer through the US Department of Agriculture (USDA)?

- Yes      USDA FNS #: \_\_\_\_\_
- No - if no, do you plan on becoming a SNAP-approved retailer?

## PROJECT INFORMATION

You may attach additional information at the end of this application. Photographs, price estimates, testimonials, and other secondary sources are **highly** recommended.

1. Please describe, in detail, the proposed project (500 word maximum):

2. What are the top three objectives of this project? Please refer to the HRAP program goals below: (500 words maximum)

- Increasing healthy food access to low-income individuals and families
- Supporting food enterprise development and entrepreneurship
- Increasing healthy food choice and improving health outcomes
- Increasing culturally appropriate foods in identified Areas of Focus

*Examples:*

- 1. Become a certified SNAP-approved retailer within 6 months of receiving funding*
- 2. Increase fresh food inventory by 25% within the first year*

3. **LETTERS OF INTENT AND SUPPORT ARE STRONGLY RECOMMENDED – PLEASE ATTACH**

- **Letters of Intent** provide commitment from a partner showcasing their intent to provide services towards project goals
- **Letters of Support** conveys enthusiasm for the project from community stakeholders.

4. Do you want to be connected to the City of Madison Office of Business Resources to learn more about business development?

- Yes
- No

If so, please indicate your areas of interest below and staff will follow-up with you:

- Business plan development/update
- Marketing assistance
- Financial planning
- Grant-writing assistance
- Market research
- Bookkeeping
- Social Media
- Certification and Licensing
- Other

Please provide a general timeline in the table below:

Activity Description	Estimated Start and Completion Dates

**BUDGET SUMMARY**

Please include a project budget that includes:

- Construction costs
- Materials costs
- Labor costs
- Descriptions for how City dollars would be utilized
- Itemized list of any in-kind donations from other funders, lenders, or supporters that are contributing to the project.
- Attach: Price estimates for all City funding requests

Item	Description	Total Cost	Amount of City Dollars Requested	Amount of Other Revenues/In-kind Support
<i>Example: Cooler</i>	<i>Walk-in 6x10</i>	<i>\$5,000</i>	<i>\$5,000</i>	<i>\$0</i>
<i>Example: Labor for Cooler Install</i>	<i>6 hours</i>	<i>\$750</i>	<i>\$0</i>	<i>\$750</i>
<b>Total Costs</b>				

**SUPPLEMENTARY MATERIALS (Optional)**

Please include any additional materials that may clarify, strengthen, or support your application. **Photographs, price estimates, testimonials, and other secondary sources are highly recommended. Additional materials can also be attached as appendices via Word Doc, PDF, Excel spreadsheet, etc**